



**Application for Membership
To
Ontario Search and Rescue Volunteer Association Inc.**

Please print

Date of application (yy/mm/dd) _____

Name of applicant _____

(if an organization, use established team name)

City _____

Number of members currently on team _____

Name of contact person _____

Address _____

Telephone H _____ W _____ Fax _____

Email _____

Name of alternate contact person _____

Address _____

Telephone H _____ W _____ Fax _____

Email _____

Items attached:

- Letter of recommendation from Police service of jurisdiction
- Letters of support
- Copy of constitution and by-laws
- List of members

Note: Membership is conditional upon applicant agreement to:

1. Apply to & receive acceptance from the Board of Directors of the Association.
2. Conditions as outlined in "Policy & Procedure" PP-A.

Is the applicant currently affiliated with or a member of other SAR related organizations - i.e. CASARA, CGA, etc.
