

# Peel Paramedic Association



## Membership Application Form

Please mail to: Peel Paramedic Association  
P.O. Box 42069  
128 Queen St. S.  
Mississauga, ON, L5M 4Z0

**OR** forward via Interoffice Mail to Mike Thomas @ Kennedy Station (02)

Name: \_\_\_\_\_

Gender: M          F                          D.O.B. (yyyy/mm/dd): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_  Check here if you would like a PPA email address

Primary Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Station for Mail: \_\_\_\_\_

Paramedics only:	
Level of Training (Please circle): PCP    ACP    CCP    Flight	Oasis #: _____
Employment Status (Please circle): F/T    P/T    Contract	

Membership Type:  Peel & OPA (\$142)  
 Peel Membership only (\$72)  
 Already Member of OPA or local chapter association (\$46)  
OPA chapter affiliation (if applicable): \_\_\_\_\_

Payment Method:  Cheque (payable to Peel Paramedic Association)  
 Cash    **\*\*Do NOT send cash by interoffice mail or Canada Post!**  
 Pre-Authorized Debit (\$10.83 for OPA/PPA - \$5.50 for PPA only)  
**\*\*Save on annual fee with PAD!**

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### ADMINISTRATIVE USE ONLY

APPLICATION REC'D: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_\_  N/A