

OFSA Membership Application Form Student Membership

I hereby apply for membership in the Ontario Funeral Service Association. I understand it is my responsibility to inform the OFSA's office of any change in my mailing or email address. I am also aware that the Free Membership is only valid if I am a student of Humber College/Boreal College. The membership is not valid, when I become an intern unless I am with an OFSA Member Establishment. (The membership year is September to June).

Name				
Address				
Telephone				
Cell Phone				
E-mail				
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I agree to be governed by the Con PRACTICES.	stitution and By-Laws	of the Association a	and abide by its CODI	E OF ETHICAL
Charachara				
Signature:				
Date:				