



**MUNICIPALITY OF GREENSTONE  
FIRE AND EMERGENCY SERVICES**

Beardmore, Geraldton, Nakina, Longlac

**STUDENT CADET MEMBERSHIP TERMS**

**Applicant Information**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Initials): \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**To be completed by Applicant and  
Parent/Guardian**

1. I understand and agree that my membership as a Student Cadet will automatically terminate once I reach the age of 18, or if I am no longer attending secondary school at an earlier age.

Yes  No

2. I understand that my membership may be terminated without notice if I fail to adhere to the reporting requirements identified in the Medical Self-Declaration and Criminal History Self-Declaration. I further understand that if I fail to meet the requirements before or during my membership identified in the Position Profile Appendix 'A' and Member Position Profile, my membership may be terminated without notice.

Yes  No

I, the undersigned, agree to these membership terms as a Student Cadet.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned, agree to these membership terms applicable to the applicant as a Student Cadet.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_