

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMA	ATION		Date:	
First Name:				
Last Name:				
Address:				
City, Province, Postal	code:			
Main phone:				
Email:				
I am applying for the follow	ring type and class of membersh	ip (check all that app	ply):	
New membership		ership renewal		
Annual membership				
Voting membership (must be an ordinarily resident of B.C., over 19 years of age, approved by the board of director)				
(Check all that apply, and th	hen sign on the line):			
I will abide by the Soci Acceptance as a new n My membership is limi	ent in the Province of British Coluiety's Code of Ethics. member is subject to the review lited to a one-year term (excluding)	and decision of the B	hip), ending December 31 st .	
My membership is renewable following year.	le upon payment of the requisite	e dues, and dues paic	d from October to December will roll-over to the	
Signature				
Payment Options: ☐ MasterCard ☐ Visa ☐ E	Electronic Transfer Cheque			
Credit Card Number (if appli	icable):			
Exp cvv code	,			
Authorizing Signature				
Date Received:		FOR OFFICE USE	ONLY plication Processed by:	
Date Received:		App	pheadon Flocessed by.	