

MEMBERSHIP APPLICATION

APPLICANT:					
FIRM NAME:					
ADDRESS:					
CITY:	PROV:		POSTAL COI	DE:	
OCCUPATION:					
OFFICE PHONE:		_ DIREC	CT PHONE:		
CELLULAR:		_			
E-MAIL ADDRESS:			-		
WEB PAGE ADDRESS:					
I acknowledge that the infor	rmation above may	be posted	on the BCEA we	b page.	
DATE: :					
ANNUAL DUES:					
INDIVIDUAL: \$85.00 PI	ER MEMBER				
CORPORATE: \$70.00 PE	ER MEMBER (To qua same fi	•	ust be a minimum of	three members from the	
MEMBEDSHID VEAD CO	OMMENCES SEDTE	MDED 1			

MEMBERSHIP YEAR COMMENCES SEPTEMBER

PLEASE MAIL THE COMPLETED APPLICATION FORM AND YOUR CHEQUE PAYABLE TO "B.C.EXPROPRIATION ASSOCIATION" TO:

BC EXPROPRIATION ASSOCIATION

BOX 692

101 - 1001 WEST BROADWAY VANCOUVER, B.C. V6H 4E4 ATTENTION: Annette Mah

Tel: 604-788-0528

E-Mail: admin@bcexpropriationassociation.ca