



## APPLICATION FOR COMMERCIAL MEMBERSHIP

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

Contact Person: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Web Page: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Description of Business - products/services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Annual Fee: **\$420.00**

Forward your completed Application Form with payment to:

**BC Care Providers Association**

301 - 1338 West Broadway

Vancouver, BC V6H 1H2

Fax: 604 736 4266