

## BCSSA Membership Application

*Please complete this form and return to BCSSA (by fax to 604.687.8118)*

**NAME:** \_\_\_\_\_ **DATE OF APPOINTMENT:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **SCHOOL DISTRICT #:** \_\_\_\_\_

**MAILING ADDRESS (office):** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_  
office cell

**FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**Executive/Administrative Assistant Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I belong to the \_\_\_\_\_ Chapter/Zone.

### Areas of Interest

**Committees:** \_\_\_\_\_  
\_\_\_\_\_

**Professional Development:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Annual BCSSA Membership Fee: \$1450 + HST**

*\* You may contact BCSSA to request a receipt if you are paying a portion of the Membership Fee.*

*Questions? Please contact Doreen Schieweck, tel 604.687.0590, dschieweck@bcssa.org*