

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

** 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