

BCSSA Membership Application

Please complete this form and return to BCSSA. (By FAX to 604.687.8118)

NAME: _____

POSITION: _____ **SCHOOL DISTRICT #:** _____

MAILING ADDRESS (office): _____

PHONE: (____) _____
office cell

FAX: _____ **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 Meredith Jenkins, tel 604.687.0590, mjenkins@bcssa.org