



**BC
CULTURAL DIVERSITY ASSOCIATION**

MEMBERSHIP NUMBER

Suite 165 - 5965 Fraser Street, Vancouver BC V5W 4B5 | Telephone: (604)-616-8258 | Email: president.bccda@gmail.com

MEMBERSHIP APPLICATION FORM

NEW APPLICATION RENEWAL

FULL NAME

LAST NAME

FIRST NAME

ADDRESS

STREET

CITY

PROVINCE

POSTAL CODE

PHONE

HOME

MOBILE

EMAIL

CANADIAN RESIDENTIAL STATUS

PERMANENT RESIDENT

CITIZEN

OTHER

MEMBERSHIP FEE | CATEGORY APPLIED

STUDENT MEMBERSHIP \$15.00

GENERAL MEMBERSHIP \$25.00

LIFE FAMILY MEMBERSHIP \$250.00

LIFE MEMBERSHIP \$150.00

(include both parents, two kids below 12 years of age)

ANNUAL MEMBERSHIP RENEWAL IS NOT REQUIRED FOR LIFE MEMBERSHIP
RENEWAL IS REQUIRED FOR GENERAL MEMBERSHIP

EXPIRY DATE

September 30 | YEAR

OCCUPATION

ACTIVE

RETIRED

SPECIAL SKILL and INTEREST

DECLARATION BY THE APPLICANT

I hereby affirm by signing this Membership Application Form that the information provided is true and correct. I agree to abide by the Constitution and Bylaws of the Association. The application is subject to be approved by the board of BC Cultural Diversity Association.

SIGNATURE OF THE APPLICANT

RECOMMENDED BY
PRINT NAME

SIGNATURE

DATE

MM | DD | YYYY

RECEIPT No.

DATE ISSUED MM | DD | YYYY

OFFICIAL USE ONLY

APPROVED

DENIED

DATE MM | DD | YYYY

SECRETARY
PRINT NAME

SIGNATURE