

2016 APPLICATION FOR MEMBERSHIP – associate (supplier) member



2.3.b Definition of Associate Membership: An individual, proprietorship, partnership, corporation, board of trustees, association or society who are actively involved in **producing or supplying goods, services, and consultative services to the Funeral Service Profession** that has satisfied the requirements for admission and has paid the dues established by the Board.

Associate Membership Criteria:

- Applicant must be established for a minimum of two (2) years before applying for Associate Membership. A brief history (résumé) of your company is required.
- Applicant must send in along with this application form, at least two letters of reference from regular, individual or honorary members of the Association.
- Applicant must meet any applicable government regulatory requirements.
- Every applicant for membership shall complete and submit an application form. All applications will be circulated to the Board of Directors for their review and approval; such approval can take up to 30 days.

NAME OF FIRM: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL FOR DIRECTORY LISTING: _____ WEBSITE: _____

OWNER / REPRESENTATIVE: _____

OWNER / REPRESENTATIVE'S EMAIL ADDRESS: _____

DESCRIPTION OF GOODS & SERVICES YOU SUPPLY: _____

List the email addresses of additional staff/associates who wish to receive electronic communications from the BCFA.

NOTE: The BCFA abides by the Canadian Anti-Spam Legislation as well as the British Columbia personal Information and Protection Act. We will not share or sell your information to other parties.

DECLARATION

1. I hereby agree to join the BC Funeral Association and maintain my status as a member in good standing by:
 - a. Paying the annual membership dues within 30 days of receipt of invoice.

I understand that failure to maintain my status as a member in good standing could result in loss of membership privileges and dismissal from the Association.

2. I consent to the receipt of electronic correspondence to the email addresses indicated on this application.

SIGNATURE: _____

DATE OF APPLICATION: _____

Attach to this application form, two letters of reference from Regular, Individual and/or Honourary members of the BCFA and a cheque payable to British Columbia Funeral Association in the amount of \$400.00 plus \$20.00 GST. We also accept payment by VISA or MasterCard.

GST #106778186

Credit Card Payment:	Card Type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
_____	_____	_____	_____
Card Number			Expiry Date (m/y)
_____	_____	_____	_____
Cardholder's Name			Cardholder's Signature