



**ASSOCIATE CONTACT INFORMATION** *Please print clearly and ensure all information is complete*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town:	Province:	Postal Code:
Primary Contact:		Title:
Phone:	Alternate Phone:	Fax:

Primary E-Mail: \_\_\_\_\_

Alternate E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_

Parent Company Address: \_\_\_\_\_

Type of Service or Product (you may send in your brochure): \_\_\_\_\_

\_\_\_\_\_

List other associations you are a member of: \_\_\_\_\_

Are you currently doing business with the Seniors industry in BC? \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION**

1. Business Mission Statement
2. Corporate Brochure

BCSLA Communication Policy

I agree that BCSLA may share the above information with BCSLA members Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to have my company listed on the BCSLA website Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to receive emails and mail from BCSLA and its members. Yes \_\_\_\_\_ No \_\_\_\_\_

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

**ANNUAL FEE: \$550/YEAR**

Please make cheque payable to BC Seniors Living Association and mail with your completed application form to the address below.

**FOR OFFICE USE ONLY**

PAID BY	CHEQUE #	AMOUNT	DATE RECEIVED	FOLIO #