



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: \$600/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 #