



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: \$750/YEAR

Please make cheque payable to BC Seniors Living Association and mail with your completed application form to the address below.
If you prefer to complete an Electronic Funds Transfer please contact Khadija Hirji at khadija@bcsla.ca or at 604.689.5949 ext.1.

FOR OFFICE USE ONLY

PAID BY	CHEQUE #	AMOUNT	DATE RECEIVED	FOLIO #