



# BoardVoice

**Leadership. Collaboration. Community.**

**2015-2016 Membership INVOICE/APPLICATION Form**

Agency Name: \_\_\_\_\_

Incorporation Number/Year Incorporated (if applicable) \_\_\_\_\_

ED/CEO: \_\_\_\_\_

ED/CEO E-mail Address: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Board Chair/President \_\_\_\_\_

BOARD MEMBER Voting Representative: \_\_\_\_\_

Position Title: \_\_\_\_\_ Personal Phone #: \_\_\_\_\_

E-Mail Address of Board Voting Representative: \_\_\_\_\_

Alternate Voting BOARD MEMBER: \_\_\_\_\_

Position Title: \_\_\_\_\_ Personal Phone # \_\_\_\_\_

E-Mail Address of Board Alternate Voting Representative: \_\_\_\_\_

Number of Agency Board Directors: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

(If different from mailing address)

Agency Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agency Contact E-Mail Address: \_\_\_\_\_

(If different from ED/CEO)

**Board Voice Annual Membership Fees are based on Agency Revenues as follows:**

0 – 400,000 .....	<b>\$100</b>
400,000 – 749,999 .....	<b>\$150</b>
750,000 – 999,999 .....	<b>\$200</b>
1 Million – 1,999,999 .....	<b>\$300</b>
2 Million – 2,999,999 .....	<b>\$500</b>
3 Million – 4,999,999 .....	<b>\$1,000</b>
5 Million – 9,999,999 .....	<b>\$1,500</b>
Over 10 Million .....	<b>\$2,000</b>

**Total Agency Budget:** \_\_\_\_\_

Please Provide Actual Budget Figure

**Annual Membership Fee:** \_\_\_\_\_

Annual Memberships are valid from 1 April To 31 March.  
(Mid-year application are pro-rated quarterly)

Full fee paid (Apr-Jun 100%)  Pro-rated fee paid \_\_\_\_\_ (Jul-Sep 75%; Oct-Dec 50%; Jan-Mar 25%)

**Please send your CHEQUE made PAYABLE to: Board Voice Society of BC (see address below)**

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

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

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