



BoardVoice

Leadership. Collaboration. Community.

Membership 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	\$100
400,000 – 749,999	\$150
750,000 – 999,999	\$200
1 Million – 1,999,999	\$350
2 Million – 2,999,999	\$500
3 Million – 4,999,999	\$1,000
5 Million – 9,999,999	\$1,500
Over10 Million	\$2,000

Mail completed applications to:

Board Voice - C/O Jody Paterson
Box 46009 Quadra,
Victoria, BC V8T 4E3

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 above)

Name: _____

Date: _____

Signature: _____