



BoardVoice

Leadership. Collaboration. Community.

Membership Application Form

Agency Name _____

Incorporation Number/Year Incorporated (if applicable) _____ Number of Board Directors _____

ED/CEO Name _____

ED/CEO Email _____ Contact Phone # _____

Board Chair/President _____

Board Member Voting Representative _____ Position _____

Board Voting Representative Email _____ Personal Phone # _____

Alternate Voting Board Member _____ Position _____

Email Address of Alternate Voting Member _____ Personal Phone # _____

Agency Finance Department Contact Name _____

Finance Department Contact Email _____

(we use this for our annual invoicing, along with the contacts you provided above!)

Agency Mailing Address: _____

City: _____ Postal Code: _____

Agency Street Address: _____

(If different from mailing address)

Agency Telephone Number: _____ Fax Number: _____

Charities: Please share total operating revenue from your most recent T3010: _____

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 Realize Strategies
#910 – 1050 West Pender Street
Vancouver, BC, V6E 3S7

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: _____