

Application:

We hereby make application to be accepted as a

Primary member _____ Associate Member _____

of the British Columbia Contract Cleaners (2003) Association (BCCCA). We have included the applicable membership dues and understand and support the purposes of the BCCCA. We confirm that, as applicable, we operate under the laws of Canada (Federal, Provincial and Municipal) are properly licensed, are in good standing with the Worker's Compensation Board of British Columbia and have current liability insurance coverage. We understand that this application is subject to approval by the Board of Directors of BCCCA.

Date: _____ Authorized Signature: _____

Membership Information:

Company Name _____

Address _____

Postal Code _____ Phone Number _____ Fax Number _____

Web Site _____

The two designated members representing our company are:

Name _____ Title _____ E Mail _____

Name _____ Title _____ E Mail _____

Company names and primary contact information are normally published on the Association web site. Please mark where indicated if you **do not** want to be listed on the web site.

Please bring completed application and annual dues payment to the

next BCCCA Luncheon

or mail to

BC Contract Cleaners Association

P.O. Box 75346

White Rock, BC V4B 5L5