PARENTS' COALITION OF BRITISH COLUMBIA

A B.C. Registered Society

Complete the attached form and mail to the mailing address below.

Membership Application

❑ New Member ❑ Membership Renewal

Please Print:

Business Name:

_____
(For Corporate Memberships only)

Name:

_____

Address:

_____

City:

_____

Postal Code: _____

Phone: _____

Fax: _____

Other (Cell, Pager Etc.)

_____

Email Address:

_____

Do you want to be added to our email list?

Yes ❑ or No ❑

Do you belong to another organization working with similar issues?

Yes ❑ or No ❑

If Yes, Name:

_____

_____

Signature:

Date:

❑ Personal Annual Membership Fee $10.00

❑ Corporate Annual Membership Fee $25.00

Paid by:

❑ Cheque ❑ Money Order

Please mail your application to:

Parents' Coalition of B.C
P.O. Box 41506, 923 12th Street
New Westminster, BC, V3M 1K0

Phone: (604) 415-4780 or (604) 417-4045

Optional Information

The following information is requested for statistical purposes only for use by PCBC.

❑ Female Male

❑ Age (approximate is acceptable)

❑ Parent
❑ Grandparent
❑ Other

_____

❑ Non Custodial Parent
❑ Custodial Parent

Are you affected by denial of access?

Please tell us how?

_____

What issues have brought you to PCBC?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If not enough space has been provided; feel free to use additional paper as required.

_____