



**BC CENTRE FOR ELDER
ADVOCACY
AND SUPPORT**

150 - 900 Howe Street
Vancouver, BC V6Z 2M4
Tel: 604-688-1927
Fax: 604-437-1929
Email: info@bcceas.ca

MEMBERSHIP APPLICATION 2016

Yes, I would like to become a member/renew my 5 year membership to BCCEAS.

- \$10 for individuals
- \$25 for organizations
- Free for BCCEAS Volunteers

(Please indicate the type of membership you are applying for/renewing)

Your membership will be valid until September 1, 2021

Name of Individual/Organization Contact:

Name of Organization (if applicable):

Address:

City:

Province:

Postal Code:

E-Mail:

Phone Number:

(Please indicate cell/work/home)

Alternate:

(Please indicate cell/work/home)

Please mail your completed form and payment to:

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