British Columbia Wall and Ceiling Association

Membership Application Form

Please Print Clearlv

Company Name: _____

Address: _____ City: _____ , BC

Postal Code: _____ Telephone: _____ Fax: _____

Cell: _____ Co. Representative: _____

INDUSTRY CATEGORY: (Please tick one)

Contractor ♦ Manufacturer ♦ Dealer ♦

Labour ♦ Mftr. Rep. ♦ Other ♦

Number of years in business _____.

Applicants require the recommendation of two (2) current BCWCA members in good standing (**at least one being a Contractor**).

I/WE, _____, HEREBY RECOMMEND
(Print Company Name)

_____ FOR BCWCA MEMBERSHIP. _____
(Signature)

I/WE, _____, HEREBY RECOMMEND
(Print Company Name)

_____ FOR BCWCA MEMBERSHIP. _____
(Signature)

PLEASE ALSO ATTACH the following:
Three (3) industry references complete with name, address and telephone (not necessarily BCWCA members)
Three (3) completed projects undertaken by your company, including date of completion.

Membership dues are as per the attached *Membership Fee Structure.* Please make cheque payable to your local chapter upon receipt of invoice.

Upon acceptance, the undersigned promises to abide by the Constitution, Bylaws and Code of Ethics of the Association and pledges support of the Association for the general good and welfare of the building industry and members in general. The undersigned also agrees to use and display any Association logo or emblem only so long as they remain an Association member in good standing. I hereby consent to any of the above list references being contacted.

Signature: _____ Date: _____

Please return the completed application to the BCWCA chapter office of which you are applying for membership.

Lower Mainland
Wall & Ceiling Association
Unit #110, 8484 – 162 St.
Surrey, BC V4N 1B4
Fax: (604) 597-0211

Southern Interior
Wall & Ceiling Association
590A Adams Rd.
Kelowna, BC V1V 1K4
Fax: (250) 765-1660

Vancouver Island
Wall & Ceiling Association
1075 Alston St.
Victoria, BC V9A 3S6
Fax: (250) 388-5183

Please do not write below this line – for Office Use Only

LM ♦ SI ♦ VI ♦ Dues: _____

Approved: _____ _____
Chapter President Secretary/Treasurer

Canceled: _____ _____
Chapter President Secretary/Treasurer