



## NEW MEMBERSHIP ENROLLMENT FORM

(PLEASE PRINT CLEARLY)

Name: Dr./Mr./Mrs./Miss/Ms.

\_\_\_\_\_

(First Name)

(Middle Initial)

(Last Name)

SD#:

SD# Name:

\_\_\_\_\_

### **Position:**

Please check one of the following:

Principal

Vice-Principal

Other District A.O.Position: \_\_\_\_\_ (Please Specify)

### **School Information:**

School Name:

\_\_\_\_\_

School Address:

\_\_\_\_\_

#

Street Name

City/Province

Postal Code

School Phone No:

School Fax No:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

### **Home Information:**

Home Address:

\_\_\_\_\_

#

Street Name

City/Province

Postal Code

Home Phone No:

Cell No:

(Optional)

\_\_\_\_\_

**Application Date:**

**Signature:**

\_\_\_\_\_

**AN AUTOMATIC PAYROLL DEDUCTION FORM IS ATTACHED  
PLEASE COMPLETE AND SUBMIT BOTH FORMS TO YOUR SCHOOL BOARD OFFICE  
SEND A PHOTOCOPY OR FACSIMILE TO THE BCPVPA OFFICE**

*The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information you provide to us on this form solely for the purposes identified in our Privacy Policy. Our Privacy Policy also sets out our strict controls over the use and disclosure of your personal information. To view a copy of our Privacy Policy, contact us at [privacy@bcvpa.bc.ca](mailto:privacy@bcvpa.bc.ca) or go to our web site at [www.bcvpa.bc.ca](http://www.bcvpa.bc.ca)*



**AUTHORIZATION FORM  
FOR AUTOMATIC PAYROLL DEDUCTION**

Effective from this date \_\_\_\_\_ and until authorization is revoked by me in writing to the Secretary Treasurer of School District No. ( ) \_\_\_\_\_, I hereby authorize you to deduct from my salary the membership dues as described below. These dues are payable to the BC Principals' and Vice-Principals' Association no later than the last day of each month specified below.

BC PRINCIPALS' & VICE-PRINCIPALS' ASSOCIATION

**DUES: \$1,185.00 per annum**

- |  |  |
|--|--|
| <input type="checkbox"/> 10 month payment schedule<br>10 equal payments of \$118.50    | <input type="checkbox"/> 12 month payment schedule<br>12 equal payments of \$98.75 |
| <input type="checkbox"/> 26 bi-weekly payment schedule<br>26 equal payments of \$45.58 | <input type="checkbox"/> Other, (please specify)<br>_____                          |

**NOTE: Upon completion, please send a copy of this form to your school board office and please fax a copy to the BCPVPA office. (Fax: 604-877-5380)**  
**ATTENTION: Roisin Haughey, Member Services      EMAIL: [rhaughey@bcpvpa.bc.ca](mailto:rhaughey@bcpvpa.bc.ca)**

I further authorize you to deduct from my salary such further or increased dues as may be agreed upon from time to time at any regularly constituted meeting of the BCPVPA and notified to you in writing by the BC Principals' and Vice-Principals' Association.

Name: Dr./Mr./Mrs./Miss/Ms. \_\_\_\_\_  
(First Name) (Middle Initial) (Surname)

SD# \_\_\_\_\_ SD# Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information you provide to us on this form solely for the purposes identified in our Privacy Policy. Our Privacy Policy also sets out our strict controls over the use and disclosure of your personal information. To view a copy of our Privacy Policy, contact us at [privacy@bcpvpa.bc.ca](mailto:privacy@bcpvpa.bc.ca) or go to our web site at [www.bcpvpa.bc.ca](http://www.bcpvpa.bc.ca)*