



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@bcpvpa.bc.ca or go to our web site at www.bcpvpa.bc.ca

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