*Building Stronger Rural and Remote Communities in British Columbia*

# MEMBERSHIP APPLICATION

Name: _____ Representing: _____
(Community or Organization if applicable)

Mailing Address: _____ City: _____

Postal Code: _____ Tel: ( ____) _____ Fax: (____) _____

E-Mail: _____ Website: _____

____ Check here if you do NOT want to have your email shared with other BCRN Members
____ Check here if you do NOT want a link to your website put on the BCRN website

**MEMBERSHIP TYPE: (Please check one)**
☐ Individuals membership $35
☐ Corporate/organization membership $150 (Corporate/organizational membership provides member benefits for up to five staff. It is an additional $25 for each additional staff member over 5.

**PLEASE SELECT THE SECTOR/INTEREST THAT BEST DESCRIBES YOU: (CHOOSE ONE ONLY)**
☐ ABORIGINAL
☐ Environmental interests
☐ Francophone
☐ Governments (not including federal/provincial)
☐ Health
☐ Persons with disabilities
☐ Resource industries, utilities
☐ Seniors
☐ Visible minorities
☐ Women
☐ Youth
☐ Community Economic Development
☐ Other: _____

_____ _____ _____
Printed name Signature Date

☐ I would like to pay by Credit Card (an invoice will be emailed to you). Please mail, fax or email your completed application form information below.
☐ I would like to pay by Cheque. Please mail your completed application form, with a cheque payable to the BC Rural Network.

**BCRN Membership**
**104-197 2nd Ave North, Williams Lake, BC V2G 2B8**
Ph:(250)392-1400 Fax:(250)305-1004 email: membership@bcruralnetwork.ca

***Membership is based on a one year membership which expires annually on March 31st.***