



MEMBERSHIP APPLICATION/RENEWAL FORM
MEMBERSHIP IS RENEWED ON AN ANNUAL BASIS, EVERY APRIL

Name: _____
(Community, Organization, or individual)

Mailing Address: _____

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

PLEASE INDICATE:

New membership

Renewal

MEMBERSHIP TYPE: (Please check one)

Individuals membership- \$35

Corporate/organization membership \$150 + \$25 for each additional associate member.
(Corporate/organizational membership provides member benefits for up to five staff.)

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: _____

Signature

Printed name

Date

**Please mail your completed application form to the address below,
with a cheque payable to the BC Rural Network Society.**

104-197 Second Avenue North

Williams Lake, BC V2G 1Z5

www.bcruralnetwork.ca

amended June 2010