

NEW MEMBER APPLICATION

PLEASE FILL IN THIS APPLICATION ONLY IF YOU ARE A NEW MEMBER OF THE BCSRA

Please type or print:

Name of Agency: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

Name of Principal Contact: _____

How long have you traveled the Province of B.C.? _____

Lines Represented: _____

Three References (i.e. retailers you have been doing business with for the last 6 months)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Signature of Representative: _____

Date: _____

BCSRA c/o Venue West Conference Services Ltd.

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