



2010 Membership Application form. Please return this completed form with your fee.

name of institution _____

address _____

telephone _____ facsimile _____

email [for student inquiry & BCCCA website use] _____

website _____

contact person for BCCCA purposes _____

Is the contact person, named above, the same person who is authorized to vote on the institution's behalf? yes _____ no _____

If no, provide the name of the individual authorized to vote on the institution's behalf

names of owner(s) or principal shareholder(s) over 10% _____

List the email contacts of all persons that you want to receive email correspondence from BCCCA:

the institution is PCTIA accredited yes ___ no ___; Student Loan designated yes ___ no ___

the training programs provided by this institution are as listed on the website [yes ___]
or:

name of the person completing this form _____

signature _____ date _____