



## 2017 MEMBERSHIP FEES FORM

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

Please register me as a member of the School Safety Association of British Columbia for the calendar year ending December 31, 2017. I have enclosed a cheque in the amount of:

**MEMBERSHIP FEE:            \$80.00**

SIGNATURE: \_\_\_\_\_

**Note:** Your cancelled cheque is your receipt.

PLEASE RETURN TO:            SCHOOL SAFETY ASSOCIATION of BRITISH COLUMBIA  
PO Box 19023  
1153 – 56<sup>th</sup> Street  
Delta, BC, V4L 2P8