



# BC Association for Child Development & Rehabilitation

## Membership Application Form

*Name of Organization:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

*City, Province:* \_\_\_\_\_

*Postal Code:* \_\_\_\_\_

*Phone:* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Fax:* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*Chief Executive Officer:* \_\_\_\_\_

*Application Date:* \_\_\_\_\_

*Membership Type:*  Full Membership  Associate Membership  
*(Check one)*

### Copies of the following should accompany the application:

- The Constitution of the Society
- Mission Statement
- Philosophy
- List of Services provided
- List of the Society's current Board of Directors & Executive Committee
- Last Annual General Meeting report

### Applications can be faxed or mailed to:

Bruce Sandy, Provincial Advisor, BCACDR  
29 Ravine Drive  
Port Moody, BC V3H 4G6  
Fax: (604) 461-8760