

BCBRDA Membership Application Form



BC Bottle and Recycling Depot Association (BCBRDA)
33030 11198 84 Ave, Delta, BC
Phone: 604-930-0003 Fax: 604-930-0060
Email bcbdrda@gmail.com

MEMBERSHIP APPLICATION FORM - VOTING

NAME OF OPERATOR(S): _____

NAME OF DEPOT: _____

AUTHORIZED REPRESENTATIVE: _____

MAILING ADDRESS OF DEPOT: _____

STREET ADDRESS OF DEPOT: _____

PHONE NUMBER (S): _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP: GENERAL - VOTING

MEMBERSHIP / MEMBERSHIP DUES AUTHORIZATION

By signing this BCBRDA membership application I hereby understand, agree and confirm that I am applying to the BC Bottle and Recycling Depot Association (BCBRDA) for an annual evergreen membership. The BCBRDA membership term is from October 1st to September 30 each year. I understand, agree and confirm that my BCBRDA membership will automatically renew each year on October 1st without notice unless I provide written notice of membership cancellation to the office of the BCBRDA 60 days in advance (no later than July 30) of the renewal date.

I agree to pay the BC Bottle and Recycling Depot Association (BCBRDA) .00055 cents per non alcohol container (\$550 dollars per million containers) based on my annual container volume counts as stated in the Encorp depot volume reports, for annual BCBRDA membership dues. I agree to pay my first year's membership dues in full at the start of my membership, unless the BCBRDA board approves otherwise in writing. Payment of my BCBRDA membership dues can be made by cash, cheque, electronic funds transfer EFT or e-transfer. At any time after one full year of membership I can request to have my annual membership dues payments divided into 26 bi weekly payments and deducted by Electronic Funds Transfer (EFT'S) and will authorize the BCBRDA to withdraw these EFT's from my business bank account. I agree to provide the BCBRDA with all necessary information to support my annual container volume of my depot at the start of my membership or upon request at any time.

Signature

Date

Please complete the form and return to above address by mail or fax.