

BCBRDA Associate 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

ASSOCIATE MEMBERSHIP APPLICATION FORM – NON-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: ASSOCIATE - NON VOTING

MEMBERSHIP / MEMBERSHIP DUES AUTHORIZATION

By signing this BCBRDA Associate Membership application I hereby understand, agree and confirm that I am applying to the BC Bottle and Recycling Depot Association (BCBRDA) for an annual Associate 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) annual Associate Membership dues of \$500 in full at the start of each membership term. Payment of my BCBRDA Associate Membership dues can be made by cash, cheque, EFT or E Transfer

Signature

Date

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