



AGENCY MEMBERSHIP APPLICATION

For New Memberships or Renewals with Updates



If you've already had an Agency Membership and your information hasn't changed, you can quickly renew by logging into your account and using PayPal to make the payment. If you have updates such as phone numbers or address changes, please fill out the form below and send it to the treasurer. If this is a new membership application, please fill out the form and send it with a check to the Treasurer to the amount to cover Membership.

NOTE: **Agency Membership** Is valid for one full year from April 1, _____ to March 31, _____

AGENCY INFORMATION				
Agency Name:				
Contact Person:	Given Name		Family Name	
Position: (Manager, owner, etc)			Application Date:	
Mailing Address and location:			Postal Code:	
	City & Province			
Discount to RCABC Members (if any):				
Email Address:			Main Phone	
Toll Free:		Website URL:		
Other Information				
LOGO DETAILS				
<p>Your logo will appear on the home page of www.bccanoe.com. Our standard logo sizes are: Small logos: 100 x 70 pixels, Large Logos: 200 x 140 (horizontal and vertical). It is preferable to send a larger version and it will automatically be resized. If your logo is a different ratio such as tall and narrow, it will be shrunk to fit the vertical dimension. Please send your Logo to secretary@bccanoe.com</p>				
AGENCY LISTING & OPTIONS CANEWS				
<p>Your Agency Listing in the official newsletter CANEWS has two lines. The Name of the Company or Organization on the first line; then on line 2, a location address or mailing address with the preferred phone number. Please indicate below how you would like this to appear in our business directory in CANEWS.</p>				
Line 1:				
Line 2:				
Agency Logo	Agency Membership also includes an AGENCY LOGO on the Website Home Page.			
Print and Mail this form to The RCABC Treasurer along with your payment :	How to SUBMIT THIS FORM: Use the button below to PRINT the form. Please sign the form and mailing it the RCABC Treasurer, address shown here:		Mail Printed Form with Payment to:	

Signature: _____

Date: _____