

## PLEASE COMPLETE AND SUBMIT THIS FORM TO YOUR SCHOOL BOARD OFFICE AND SEND A PHOTOCOPY, FAX or EMAIL TO THE BCPVPA

Attn: Jennifer Harfield jennifer@bcpvpa.bc.ca

BCPVPA 200-525 10th Ave West • Vancouver • V5Z 1K9 • 604-689-3399 or 800-663-0432 • fax 604-877-5380

BCPVPA Member Enrollment	
Name	Salutation
SD# SD Name	Mr./Ms/Miss/Mrs./Dr./etc.
Member's school district email address	
Position Principal Vice-Principal	Other (please specify)
School name	
School address	
School phone	_ School fax
Home address ———————————————————————————————————	
Home phone	Cell (optional)
The following question is asked to promote the Asso sity in leadership in BC's public schools, including Al Are you of Aboriginal ancestry? (First Nations perso	boriginal leadership. The question is optional.
Authorization for Automatic Payroll Deduction	
Effective from this date and untitle Secretary-Treasurer of SD# SD name authorize you to deduct from my salary the members payable to the BC Principals' and Vice-Principals' Asyou to deduct from my salary such further or increastime at any regularly constituted meeting of the BCP Principals' and Vice-Principals' Association.  DUES: \$1295 per annum  10-month equal payments \$129.50	I hereby ship dues as described below. These dues are ssociation as specified below. I further authorize sed dues as may be agreed upon from time to
26-bi-weekly equal payments \$49.81	other please specify —
Signature	Date

The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information you provide to us on this form solely for the purposes identified in our Privacy Policy. Our Privacy Policy also sets out our strict controls over the use and disclosure of your personal information. To view a copy of our Privacy Policy, contact us at <a href="mailto:privacy@bcpvpa.bc.ca">privacy@bcpvpa.bc.ca</a> or go to our web site at <a href="mailto:www.bcpvpa.bc.ca">www.bcpvpa.bc.ca</a>