



NEW MEMBERSHIP ENROLLMENT FORM

(PLEASE PRINT CLEARLY)

Name: Dr./Mr./Mrs./Miss/Ms. _____
(First Name) (Middle Initial) (Last Name)

SD#: _____ SD# Name: _____

Position:

Please check one of the following:

Principal Vice-Principal

Other District A.O.Position: _____ (Please Specify)

School Information:

School Name: _____

School Address: _____
Street Name City/Province Postal Code

School Phone No: _____ School Fax No: _____

E-Mail Address: _____

Home Information:

Home Address: _____
Street Name City/Province Postal Code

Home Phone No: _____ Cell No: _____ (Optional)

Application Date: _____ Signature: _____

**AN AUTOMATIC PAYROLL DEDUCTION FORM IS ATTACHED
PLEASE COMPLETE AND SUBMIT BOTH FORMS TO YOUR SCHOOL BOARD OFFICE
SEND A PHOTOCOPY OR FACSIMILE TO THE BCPVPA OFFICE**

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 privacy@bcvpa.bc.ca or go to our web site at www.bcvpa.bc.ca



**AUTHORIZATION FORM
FOR AUTOMATIC PAYROLL DEDUCTION**

Effective from this date _____ and until authorization is revoked by me in writing to the Secretary Treasurer of School District No. () _____, I hereby authorize you to deduct from my salary the membership dues as described below. These dues are payable to the BC Principals' and Vice-Principals' Association no later than the last day of each month specified below.

BC PRINCIPALS' & VICE-PRINCIPALS' ASSOCIATION

DUES: \$1,185.00 per annum

- | | |
|--|--|
| <input type="checkbox"/> 10 month payment schedule
10 equal payments of \$118.50 | <input type="checkbox"/> 12 month payment schedule
12 equal payments of \$98.75 |
| <input type="checkbox"/> 26 bi-weekly payment schedule
26 equal payments of \$45.58 | <input type="checkbox"/> Other, (please specify)
_____ |

NOTE: Upon completion, please send a copy of this form to your school board office and please fax a copy to the BCPVPA office. (Fax: 604-877-5380)
ATTENTION: Roisin Haughey, Member Services EMAIL: rhaughey@bcpvpa.bc.ca

I further authorize you to deduct from my salary such further or increased dues as may be agreed upon from time to time at any regularly constituted meeting of the BCPVPA and notified to you in writing by the BC Principals' and Vice-Principals' Association.

Name: Dr./Mr./Mrs./Miss/Ms. _____
(First Name) (Middle Initial) (Surname)

SD# _____ SD# Name: _____

Signature: _____ Date: _____

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