



# BCNPHA

BC Non-Profit Housing Association

TEL 604.291.2600  
FAX 604.291.2636  
TOLL-FREE(BC) 1.800.494.8859

220 - 1651 Commercial Drive  
Vancouver, BC, V5L 3Y3  
www.bcnpha.ca

## Membership year is September 1, 2018 - August 31, 2019

### MEMBERSHIP INFORMATION

Organization:

Mailing Address:

Billing Address:

Org. E-mail:  Org. Phone:  Org. Fax:

Website:  **Please note that this contact information will be published in our online Member Directory in the "members only" section of our website.**

Contact: Mr/Ms  Position:

Contact E-mail:  Phone:  Ext.:

**If different from above**

Head of Org.: Mr/Ms  Position:  Phone:

Head of Org. E-mail:  Number of Full Time Equivalent Staff:

### ANNUAL DUES

#### Non-Profit Housing Societies Members (Voting)

**Annual Membership Fees (check one) Fees include 5% GST:**

- Introductory (0 units, no funding) \$73
- Developing (units under dev't) \$120
- 1 - 10 units \$265
- 11 - 50 units \$425
- 51 - 250 units \$810
- 251 - 500 units \$1,190
- 501 - 1500 units \$1,755
- 1501 + units \$2,625

Please contact the BCNPHA office if you are unsure of your number of units. Please note that six (6) *beds* is equivalent to one (1) *unit* when calculating your total unit number above.

Total number of **units** under management as of Sept. 1, 2018:

If your society manages beds rather than (or in addition to) units, please enter the number of beds below.

Total number of **beds** under management as of Sept. 1, 2018:

#### Associate Members (Non-voting)

**Annual Membership Fees (check one) Fees include 5% GST:**

- Organizational Association (non-profit) \$330
- Service Organization (for profit) \$550
- Government \$550

Please provide a brief description of your business which will appear online in our Supplier Directory. (max. 40 words)

#### SUPPLIERS ONLY

#### Expressed Consent for Contact

- We consent to receiving emails from BCNPHA
- We understand we may opt out at any time
- We do not wish to receive emails at this time

### METHOD OF PAYMENT

BCNPHA GST # 14061 4652RT

My money order or cheque for \$  is enclosed. Date:

Please charge my credit card\* in amount of: \$  Type of Card:  VISA  MC  AMEX

Cardholder's Name (as it appears on card):

\*BCNPHA's use and retention of credit card information conforms to the Personal Information Protection Act.

Card Number:  CSC  Expiry (MM/YY)

**PLEASE SUBMIT THIS FORM WITH YOUR PAYMENT**