



BCNPHA

BC Non-Profit Housing Association

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

Print Form

Membership year is September 1, 2020 - August 31, 2021

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:

- 1 - 10 units \$170
- 11 - 50 units \$400
- 51 - 250 units \$870
- 251 - 500 units \$1,275
- 501 - 1500 units \$1,880
- 1501 + units \$2,810

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, 2020:

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, 2020:

Associate Members (Non-voting)

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

- Non-Profit Developing Housing \$120
- Non-Profit \$350
- Commercial \$650
- Government \$600

Please provide a brief description of your business which will appear online in our Supplier Directory. **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