School Safety
Association of BC

2020 MEMBERSHIP FEES FORM

FIRST NAME: _____ SURNAME: _____

POSITION/TITLE: _____

SCHOOL DISTRICT: _____

PHONE #: _____ FAX#: _____ E-MAIL: _____

MAILING ADDRESS: _____

_____

_____

POSTAL CODE: _____

Please register me as a member of the School Safety Association of British Columbia for the calendar year ending December 31, 2020. I have enclosed a cheque in the amount of:

MEMBERSHIP FEE: **$80.00**

SIGNATURE: _____

Note: Your cancelled cheque is your receipt.

PLEASE RETURN TO: SCHOOL SAFETY ASSOCIATION of BRITISH COLUMBIA
PO Box 19023
1153 – 56th Street
Delta, BC, V4L 2P8