



## ASSOCIATE BUSINESS MEMBERSHIP APPLICATION FORM

*This is a fillable form – you may fill out on-screen, or print out and complete.*

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

BC Business Registration #: \_\_\_\_\_ Business licence #: \_\_\_\_\_

WorkSafe account #: \_\_\_\_\_

Number of full-time staff: \_\_\_\_\_ Number of part-time staff: \_\_\_\_\_

Years in business: \_\_\_\_\_

Annual revenue (optional):

☐ \$0-\$500,000    ☐ \$500,001-\$750,000    ☐ \$750,001-\$1,000,000    ☐ \$1,000,001-plus

### PLEASE NOTE:

- Memberships are renewed annually (\$50).
- Business members must keep information current and submit revisions in writing. *All business information will be kept confidential.*
- Business members may not serve as Directors or vote on SVABC ballots, to avoid the perception of conflict-of-interest.

### APPLICANT'S AUTHORIZATION TO JOIN:

Name: \_\_\_\_\_

Signature\* : \_\_\_\_\_

Position at business: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submit this form to [bobsuek@shaw.ca](mailto:bobsuek@shaw.ca) or to the address at the bottom of this page. A SVABC representative will contact you for confirmation and payment.**

*\* Only required if form has been printed. Option to add digital signature, if available.*

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### SVABC AUTHORIZATION (FOR SVABC USE ONLY):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Bus. Membership #: \_\_\_\_\_

Date: \_\_\_\_\_