

MEMBERSHIP APPLICATION

We hereby apply for membership in the Employers' Health and Safety Association of British Columbia (dba the Employers' Forum).

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

REPRESENTATIVE INFORMATION

Representative Name: _____

Title: _____

E-mail Address: _____ Telephone: _____

Signature: _____ Date Signed: _____

Alternate's Name: _____

Title: _____

E-mail Address: _____ Telephone: _____

Signature: _____ Date Signed: _____

Please note: annual dues for association membership are currently set at \$800 per year