



Membership Application Form

1. **Company Legal Name:**

2. **Company Address:**

3. **Contact Name, Number and E-mail:**

4. **AGM Notice: Contact Name, Number and E-mail (if different from above):**

5. **Does your company currently financially support the BCFSC through your WorkSafeBC Assessment?**

Yes

No

Not Sure

Name and Title of Applicant (on behalf of company)

Name (please print)

Title

Signature

Date

**Please e-mail to membership@bcforestsafe.org
or fax to (250) 741-1068 / Attn: Janet Marks**