



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 Council through your WorkSafeBC Assessment?**

Yes

No

Not Sure

Name and Title of Applicant on Behalf of Organization

Name (please print)

Title

Signature

Date

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