

APPLICATION FOR MEMBERSHIP

Application Date: _____

Name: _____

Employee Number: _____ Position: _____

Ministry / Employer: _____

Work Address: _____

City: _____ Postal Code: _____

Work Phone: _____ Work E-mail: _____

Home Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Home E-mail: _____

By submitting this form I authorize the Government of British Columbia to deduct dues for the British Columbia Excluded Employees' Association in accordance with the rates set by the Association from time to time in accordance with its bylaws.

Referred to the BCEEa by: _____

*If you would like to receive a confirmation e-mail, please verify that your **home e-mail address** is correct. Thank you!*

Alternatively, the completed form can be mailed or faxed to:

The British Columbia Excluded Employees' Association
303 – 852 Fort Street, Victoria, BC V8W 1H8