



"To provide support and recognition to our members who work in partnership with leaders in education in the Province of British Columbia."

SCHOOL PLANT OFFICIALS ASSOCIATION OF BC

2007 MEMBERSHIP FEES FORM

First Name: _____ Surname: _____

Position/Title: _____

School District: _____

Phone #: _____ Fax#: _____

E-Mail: _____ SD Web Page Address: _____

Mailing Address: _____

Partner (Spouse) Name _____

Home Address _____

MEMBERSHIP FEE: \$80.00 (add \$1.00 for new members)

ASSOCIATE MEMBERSHIP FEE: \$40.00 (add \$1.00 for new members)

Signature: _____

Cheques, MasterCard or Visa are accepted, please forward information to:

Name: _____

Credit Card #: _____
expire date: _____/_____/_____

PLEASE RETURN TO: The School Plant Officials Association of BC
PO Box 19032
1153 – 56th Street
Delta, BC V4L 2P8