



Hill

crest Village PO Box 36065, Surrey, BC, Canada V3S 7Y4 Tel: 778. 571.2670 Fax: 778. 571.2680  
 www.gravelbc.ca  
 gravelbc@telus.net

**APPLICATION FOR MEMBERSHIP**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Representative: \_\_\_\_\_

**The following is the Association's annual fee structure based on total annual production.**

PRODUCER MEMBERS: Tonnes produced per year in B.C.(circle one)

<u>Category</u>	<u>Tonnes</u>	<u>Fees</u>	<u>5% GST</u>	<u>Total</u>
#1	1 – 20,000	\$ 750.00 / Year	\$ 37.50	\$ 787.50
#2	20,001 – 50,000	\$1,000.00 / Year	\$ 50.00	\$1,050.00
#3	50,001 – 100,000	\$1,500.00 / Year	\$75.00	\$1,575.00
#4	100,001 - 500,000	\$3,000.00 / Year	\$150.00	\$3,150.00
#5	500,001 – 2,000,000	\$4,000.00 / Year	\$200.00	\$4,200.00
#6	Over 2,000,000	\$7,000.00 / Year	\$350.00	\$7,350.00

ASSOCIATE MEMBERS

#7	No Production	\$1,000.00 / Year	\$50.00	\$1,050.00
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GST #88975 9783 RT0001

Please make all cheques payable to:

**BC Stone, Sand & Gravel Association**, PO Box 36065, Hillcrest Village, Surrey, BC V3S 7Y4

**If paying by credit card, please complete the attached credit card form and fax both the application and credit card form back to the BCSSGA at 778.571.2680.**



**Aggregates Build B.C.**

www.gravelbc.ca

We are pleased to be able to offer companies and individuals the opportunity to pay their annual membership fees, advertising fees and other gifts to the BCSSGA, using Visa or MasterCard. This form is provided for you to give us the appropriate information. Please complete the entire form carefully and send it to us via facsimile @ 778.571.2680 OR scan it and email it to [gravelbc@telus.net](mailto:gravelbc@telus.net) All information provided will be kept secure.

Credit Card Payment Info  
Please Print Clearly

Date of payment: \_\_\_\_\_

Credit Card Type:      Visa\_\_\_\_\_                                      MasterCard\_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Amount of Purchase \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Purpose of Purchase \_\_\_\_\_

Phone Number:\_\_\_\_\_                                      Fax Number\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Please ensure that you provide all of the information requested. A receipt of your payment will be sent to you via facsimile or e-mail.

Thank you,

Paul Allard  
Executive Director