

APPLICATION FOR MEMBERSHIP

| Company Name: | | |
|--------------------------------------|--|--|
| | | |
| Primary Representative: | | |
| | | |
| Mailing Address: | | |
| | | |
| Email: | | |
| | | |
| Website: | | |
| | | |
| Membership Category (per Fee table): | | |
| | | |
| Secondary Contact: | | |
| | | |
| | | |

Please list the email of any additional employees wish to receive our weekly BC Aggregate E-News and *Screenings Magazine*:

| Name: | Email: |
|-------|--------|
| Name: | Email: |
| | |
| Name: | Email: |
| | |
| Name: | Email: |
| | |