bcp()vpa

SUBMIT THE COMPLETED FORM TO YOUR SCHOOL BOARD OFFICE and SCAN/ **EMAIL THE COMPLETED FORM TO:**

applications@bcpvpa.bc.ca

BCPVPA #200 - 525 10th Ave West • Vancouver • V5Z 1K9 • 604-689-3399 • toll free 800-663-0432

BCPVPA Member Enrolment

Name		Salutatio	on
SD# SI	D Name		Mr./Ms./Miss/Mrs./Dr./etc.
Member's school district em			
Position Principal	Vice-Principal	Other (please specify)
School name			
School address			
School phone			
Home address			
Home phone		Cell phone	
The following question is asked sity in leadership in BC's public Are you of Indigenous ancestry	c schools, includin	g Indigenous leadership. Th	ne question is optional.
Authorization for Autom	atic Payroll De	duction	
Effective from this date the Secretary-Treasurer of SD authorize you to deduct from n payable to the BC Principals' a	# SD name _ ny salary the mem	bership dues as described l	I hereby below. These dues are

you to deduct from my salary such further or increased dues as may be agreed upon from time to time at any regularly constituted meeting of the BCPVPA and notified to you in writing by

the BC Principals' & Vice-Principals' Association.

DUES: \$1504 per annum

10-month equal payments \$150.40	12-month equal payments \$125.34
26-bi-weekly equal payments \$57.85	other (specify)
nature	Date

Signature

The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information you provide to us on this form solely for the purposes identified in our Privacy Policy. Our Privacy Policy also sets out our strict controls over the use and disclosure of your personal information. To view our Privacy Policy please visit our web site at www.bcpvpa.org/privacy