
BC BLACK HISTORY AWARENESS SOCIETY

*Fields marked with an * are required.*

Which membership are you applying for? *

Youth/Student Individual Couple Family Corporate

Organization Name (for Corporate Membership only) *

First Name *

Last Name *

Address *

City *

Postal Code *

Country *

Phone

Email *

Why do you/your organization want to become a member of the Society?*

How would you/your organization like to contribute to the Society? *

(limit 2500 characters)

Additional/Optional Information for Couple or Family Memberships

You have 2 votes at a General Meeting or Annual General Meeting.

First Name of 2nd eligible voter

Last Name of 2nd eligible voter

Email of 2nd eligible voter

I/we have read and support the Society's Purpose*

I/we have read and agree to abide by the Society's constitution and bylaws*

The following information is not required for approval of your membership application; we are asking this to help ensure your membership is meaningful for you. Do you have skills and talents that you would like to utilize or does your organization have resources you would be willing to share? e.g. event set-up, event management, expertise in social media, marketing, community engagement/liaison, office administration, research, writing, photography, videography, graphic design, web design, content management systems, grant writing?

Have you paid your membership fee?

It can be done online or mail a cheque along with this form to the postal address below.

The form can be emailed to: membership@bcblackhistory.ca

or mailed to: BC Black History Awareness Society Membership, 300 Linden Ave., Victoria, B.C., V8V 4E7.