



LOWER COLUMBIA COMMUNITY DEVELOPMENT TEAM SOCIETY
Application for Membership

<p>OUR PURPOSE</p> <p>To advance the economic strength of the Lower Columbia Region of British Columbia by overseeing the development and cooperative implementation of initiatives important to the Lower Columbia Region, being;</p> <ul style="list-style-type: none">o RDKB Area Ao RDKB Area Bo Fruitvaleo Montroseo Rosslando Trailo Warfield	Application Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
	Membership Type:	
	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Business <input type="checkbox"/> Non-Voting	<input type="checkbox"/> Other/Individual
	Organization: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ If applying as a business, are corporate filings current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Full Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Telephone: Work: _____ Cell: _____ Home: _____ Email: Work: _____ Other: _____
	PRIMARY DELEGATE Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Position: _____ Full Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Preferred Methods of Contact: Telephone: Work: _____ Cell: _____ Home: _____ Email: Work: _____ Other: _____	Currently: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired Current/Last Employer: _____ Position Held: _____ Years _____ Employer Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____
ALTERNATE DELEGATE Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Position: _____ Full Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Preferred Methods of Contact: Telephone: Work: _____ Cell: _____ Home: _____ Email: Work: _____ Other: _____		
Committee of Interest: <input type="checkbox"/> Airport <input type="checkbox"/> Attainable Housing <input type="checkbox"/> Columbia River <input type="checkbox"/> Energy <input type="checkbox"/> Finance <input type="checkbox"/> Health & Hospital <input type="checkbox"/> Metallurgical <input type="checkbox"/> North-South Corridor <input type="checkbox"/> Tourism <input type="checkbox"/> Workforce Renewal		
I am a member of other service organizations <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what organizations? _____		
Signature of Applicant: _____ Date: _____	<input type="checkbox"/> Membership Approved <input type="checkbox"/> Membership Declined <input type="checkbox"/> \$10 Annual Membership Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Signature of Sponsor: _____ Date: _____		
Signature of Secretary: _____ Date: _____		

