



# BoardVoice

Leadership. Collaboration. Community.

## MEMBERSHIP APPLICATION FORM

April 1 to March 31

AGENCY NAME: \_\_\_\_\_

INCORPORATION NUMBER/YEAR INCORP. (IF APPLICABLE): \_\_\_\_\_

Executive Director \_\_\_\_\_

Board Chair \_\_\_\_\_

NAME OF VOTING REPRESENTATIVE: \_\_\_\_\_

E-mail Address of voting representative: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

Alternate Voting board member: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Board Fees are based on agency revenues as follow:

0 - 500,000 - \$100

500,000 - 1 million - \$200

1 million - 5 million - \$1000

5 million+ - \$1500

(Mid-year applications will be pro-rated quarterly)

Total Agency Budget: \_\_\_\_\_

MEMBERSHIP FEE: \_\_\_\_\_

Please submit your cheque **payable to FCSS of BC** (with Board Voice in the Re: line) to:

Board Voice  
c/o The Federation of Community Social Services of BC  
2<sup>nd</sup> floor, 526 Michigan St. Victoria, BC V8V 1S2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of application