

Associate Membership Form 2025

	🗆 New membership	□ Membership renewal	
NAME (PLEASE PR	NT):		
,	First name	Last name	
MAILING ADDRESS	S:		
	Street address	Apt/suite	
	City, Province	Postal code	
EMAIL:		PHONE:	
	MEMBEDSHIDI	EE / DONATIONS	
TOTAL MEMBERSHIP FEE ENCLOSED: \$25 TOAL DONATION ENCLOSED (OPTIONAL): \$			
DATE:	SIGNAT	URE:	
Please mail your cheque along with this completed form to:			
	CO: BOX 81131	nbership Secretary SCO BC South Burnaby BC V5H 4K2	

If you have any questions about your membership application or renewal, please do not hesitate to contact us at <u>membership@coscobc.org</u>. We appreciate your ongoing support.

Disclaimer: COSCO collects the least amount of personally identifiable information possible so that we can maintain contact with our members. COSCO does not share personally identifiable information with third parties for their use unless required by law to do so.