



Affiliate Membership Form 2025

New membership **Membership renewal**

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

Street address

Apt/suite

City, Province

Postal code

EMAIL: _____ **WEBSITE ADDRESS:** _____

OF MEMBERS REPRESENTED: _____

The number of members your organization represents is very important, as the number will determine how many voting delegates you may have. Your membership fee is based on the number of members represented.

\$25 (less than 50 members)

\$50 (51 to 100 members)

\$70 (101 to 150 members)

\$100 (151 to 250 members)

\$140 (251 to 500 members)

\$200 (501 to 1,000 members)

\$300 (1,001 to 2,500 members)

\$400 (2,501 to 5,000 members)

\$500 (over 5,000 members)

CONTACT INFORMATION

A contact person must be named on your membership form. The contact person is the individual who COSCO will be communicating with for administrative purposes and may be your organization's President or Executive Director. This person may also be responsible for circulating information from COSCO to your wider membership.

CONTACT PERSON: _____

First name

Last name

EMAIL: _____ **PHONE:** _____

PRESIDENT INFORMATION

The President of your organization must be named on your membership form. The President can also be named as the Contact, if desired.

PRESIDENT: _____

First name

Last name

EMAIL: _____ **PHONE:** _____



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TREASURER INFORMATION (IF APPLICABLE)

The Treasurer of your organization can be named, but this field is not mandatory.

TREASURER: _____
First name Last name

EMAIL: _____ **PHONE:** _____

DELEGATE(S) INFORMATION

Delegates are the voting members to COSCO within your organization. Please ensure you name at least one delegate. The number of delegates named on your membership form will vary based on the number of individuals in your organization's membership:

- Up to 250 Members (1 Delegate)
- 251-500 Members (2 Delegates)
- 501-1,000 Members (3 Delegates)
- 1,001-2,000 Members (4 Delegates)
- Over 2,000 Members (5 Delegates)

DELEGATE #1: _____
First name Last name

EMAIL: _____ **PHONE:** _____

DELEGATE #2: _____
First name Last name

EMAIL: _____ **PHONE:** _____

DELEGATE #3: _____
First name Last name

EMAIL: _____ **PHONE:** _____

DELEGATE #4: _____
First name Last name

EMAIL: _____ **PHONE:** _____



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DELEGATE #5: _____
First name *Last name*

EMAIL: _____ **PHONE:** _____

MEMBERSHIP FEES / DONATIONS

Membership fees are payable as of January 2nd each year. Please be advised that membership fees and donations are non-refundable.

TOTAL MEMBERSHIP FEE ENCLOSED: \$ _____

TOAL DONATION ENCLOSED (OPTIONAL): \$ _____

Please mail your cheque along with this completed form to:

**Attention: Membership Secretary
Council of Senior Citizens' Organizations of BC (COSCO BC)
P.O. Box 228
Mountain View Plaza, Unit 505 - 8840 210 Street
Langley, BC V1M 2Y2**

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

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