



APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ E.C. PHONE # _____

I AM A MEMBER OF BACI POSABILITIES OTHER (PLEASE WRITE) _____

YEARLY MEMBERSHIP : **\$75.00**

CASH CHEQUE

PAYMENT RECEIVED BY: _____ DATE: _____

I AGREE WITH THE **AHA AGREEMENT**: _____ DATE: _____

B.A.C.I. and A.H.A. would like permission to take photo/video of _____ which will be used for BACI and AHA related purposes only. It may be shared with BACI members and other community stakeholders through email, the gobaci.com and ahaburnaby.ca website, BACI and AHA Social Media (facebook, instagram, youtube) or used in BACI publications like brochures, handbooks, annual reports, etc.

I _____ give me consent for photos/videos to be used by BACI and AHA.

(SIGNATURE)

(DATE)

PROOF OF PAYMENT

CASH CHEQUE

RECEIVED BY: _____ DATE: _____