



ASSOCIATE MEMBERSHIP APPLICATION

Company name		
Mailing address		
Contact name	Phone ()	Email
Fax ()	Website	
What is the primary purpose of your business? (If you require more space please use the reverse page)		
How many employees do you have? ___ 3 or less ___ 4-10 ___ 11-25 ___ 26 plus		
How did you hear about BCAOMA?		
<input type="checkbox"/> Flyer	<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Magazine
<input type="checkbox"/> Internet	<input type="checkbox"/> Other	<input type="checkbox"/> Referred by _____ (name of person who referred you)

Please enclose the following with your application:

- ◆ **Two recommendations:** Associate members must be recommended by two “regular members”. Recommendations must be in writing and will be held on file in the office of the BCAOMA. (form attached)
- ◆ **Business license:** A photocopy of your business license.
- ◆ **Standard agreement:** A copy of your standard agreement, if one is used in your business.
- ◆ **Annual dues:** \$440.00 plus a one time \$25 application fee (includes GST).

Applications received after June 30th and prior to December 31st will be pro-rated monthly based on the current years dues. To receive this discount we require payment for the following year at the time your application is made. Membership dues cover the calendar year January 1st to December 31st and are subject to change. Membership dues are non-refundable. Payment is required to process your application.

METHOD OF PAYMENT	
<input type="checkbox"/> Cheque enclosed	<input type="checkbox"/> Please charge my membership dues to my credit card
Card number _____	Expiry date _____ month/year
Name as it appears on the credit card _____	Signature _____

I/We agree to abide by the Associate member Code of Ethics as adopted by the BCAOMA and acknowledge that membership is not transferable. * **All applications are subject to Board approval. Associate members do not have voting rights.**

_____ Date

_____ Signature of Owner/Director

ASSOCIATE MEMBER CODE OF ETHICS

- Associate members shall abide by the Constitution, By-Laws and Policies of the Association.
- Associate members shall co-operate, where appropriate, with the Association in providing an exchange of information for the benefit of member relations.
- Associate members shall comply with all licensing and bonding requirements and endeavor to comply with all the regulations of applicable municipal, local, Provincial and Federal agencies and authorities, and provide the Association with periodic confirmation on request.
- Associate members shall strive to serve customers with honest values and avoid any action that contradicts this principle.
- Associate members shall ensure all contracts to members are offered in good faith and are free from clauses that dictate automatic renewal, right of first refusal and unsubstantiated annual price increases.
- Associate members shall honor all commitments and guarantees, and seek to resolve any disputes in a fair and expeditious manner.
- Associate members shall support the principles and objectives of the Association and not engage in any activity that would reflect adversely on the Association or its members.

To:

BC Apartment Owners and Managers Association
203-1847 West Broadway
Vancouver, British Columbia V6J 1Y6

Phone: 604-733-9440
Fax: 604-733-9420
Email: questions@bcaoma.com

From:

Name

Member #

Address

Phone #

Email

Fax #

As a member in good standing, I recommend _____ (insert company name)
be accepted as an Associate member with the BC Apartment Owners and Managers Association.

Yours truly,

signature