



ABEABC MEMBERSHIP APPLICATION

NAME _____

EMPLOYER _____

If this is an organizational membership, please indicate

ORGANIZATIONAL CONTACT PERSON _____

Please indicate whether this address is home or work

ADDRESS _____

POSTAL CODE _____

BUSINESS PHONE _____

BUSINESS FAX _____

HOME PHONE _____

E-MAIL ADDRESS _____

Indicate membership fee enclosed: \$ _____

(Memberships are valid for one year from the date payment is received)

\$40 non-profit community group

\$40 individual

\$50 individual outside Canada

\$75 Organization (no bursary)

Organizational Memberships

\$175.00, \$275.00, \$375.00, etc.

Organizational memberships which are paid before March 31st will receive a student bursary in May of the same year.

TOTAL ENCLOSED: \$ _____

Make cheques payable to ABEABC (Adult Basic Education Association of BC)

Mail to: ABEABC Membership, 5476 45th Ave., Delta, BC. V4K 1L4