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**PLEA Community Services Society of British Columbia**

Application for Membership

Name: \_\_\_\_\_

Residence:

Street \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business:

Organization: \_\_\_\_\_

Street \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I prefer that correspondence be sent to my: Residence \_\_\_\_\_ Business \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEA use:

Date application received \_\_\_\_\_

Date application approved by Directors \_\_\_\_\_

Form 01/04/05