



BCAPRA

British Columbia Association of Professional Registry Agents
Suite 10 – 620 Royal Avenue
New Westminster, British Columbia V3M 1J2
Canada

Phone: 604.257.1800
Fax: 604.713.7275
Email: info@bcapra.org

Application For Membership

NAME OF BUSINESS _____

ADDRESS _____

PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____

TYPE OF BUSINESS (Please Check the Applicable Boxes)

Real Estate Litigation Corporate Process Serving Other

NUMBER OF FULL TIME (30+ hours per week) EMPLOYEES WORKING IN REGISTRY SERVICES _____

ANNUAL DUES ATTACHED THE AMOUNT OF \$ _____ BY WAY OF: Cheque Cash

\$100 Small (1 Staff) \$250 Medium (6-20 Staff) \$500 Large (20+ Staff)

INTERESTED IN VOLUNTEERING?

Director At Large Membership Communications
 Gov't Liaison Committee Web Site Other _____

ARE YOU COVERED BY "ERRORS & OMISSIONS INSURANCE? Yes No

SIGNATURE _____ TITLE _____

NAME OF PERSON SIGNING _____ DATE _____

Please forward this application to our Membership Chair:

Shelley Porter, New Westminster
Phone (604) 659-8601
Fax (604) 525-2593
Email shelly@wcts.com