



British Columbia Teachers' Federation

100 - 550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca

F08-08/Rev. May 2010

Associate Membership Application

The following information is needed for BCTF and local membership records. It will enable us to send publications to you and communicate with you as needed to fulfill the BCTF's obligations to you as your professional organization.

Pursuant to the purposes of the BCTF Constitution and to BCTF Policy 28.12, locals may occasionally contact you by phone and/or send you materials during municipal, school board, provincial, or federal elections in the interest of electing officials committed to quality public education. If you wish to opt out of receiving such information, simply inform the BCTF Privacy Officer, in writing. To view the BCTF's complete privacy policy, visit our web site at bctf.ca/PrivacyPolicy.html.

Please complete the application sections below. Please advise us of address changes as they occur by e-mail to membership@bctf.ca.

Please Print

Surname

Given name(s)

Date of birth

Former name

Address

City

Postal code

Telephone:

Home

Work

Cell

E-mail

Is this a New application?

Renewal application?

All new and renewal applications are subject to the approval of the BCTF Executive Committee. **Fee of \$100 must accompany application.** Fees are non-refundable after application, except in special circumstances.

I am joining under the following category:

- Persons holding instructional positions in recognized educational institutions that are not public schools. (Examples: independent schools, federal schools, colleges, universities.)
- Persons employed as home-school co-ordinators, by a board of school trustees.
- Persons who hold valid teaching certificates but are not employed as teachers.
- Members of Early Childhood Educators of BC
- Teachers, active or retired, holding certificates valid in other provinces
- Students enrolled in a B.C. university, or university college faculty of education.
- Administrative officers who do not wish to participate in the SIP.
- Associated professionals (e.g., speech) language pathologists employed by a school board but not included in the teachers' collective agreement.
- Night school or adult education instructors employed by a school board but not included in the teachers' collective agreement
- Other. Please specify _____

Signature of Applicant

Date

FOR BCTF USE ONLY 30-10000-0000

Receipt No. _____

Code _____

Effective date _____ Expiry date _____