

BCSLA MEMBERSHIP STATUS VERIFICATION REQUEST FORM

Please return completed form with payment to the BCSLA office by mail, email, or fax. The BCSLA will release your BCSLA Membership Status details directly to specified authority with a copy to you.

MAILING ADDRESS:

Name	Firm		
Address	City	Province/State	Postal/Zip Code
Phone	Fax	Email	

SEND VERIFICATION FORM TO:

Name	Authority		
Address	City	Province/State	Postal/Zip Code
Phone	Fax	Email	

ENCLOSED PAYMENT:

- ☐ **Cheque for \$31.50** (\$30.00 + \$1.50 GST) enclosed (payable to "BCSLA").
- ☐ Please charge my **Visa Credit Card** in the amount of **\$31.50** (\$30.00 + \$1.50 GST).
(Sorry, no other credit cards are accepted.)

Visa Cardholder Name	Visa Cardholder Signature
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Visa Credit Card #	Expiry Date (MM/YY)	BN131999757 RT0001
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To safeguard and protect any personal information provided to us, the BCSLA adheres to the "Ten Principles of Privacy Protection", which addresses the requirements for handling "personal information" as defined in both the federal "Personal Information Protection and Electronic Documents Act", and the "BC Personal Information Protection Act". A complete copy of the BCSLA Privacy Protection Policy is available at www.bcsla.org/profession/policies-and-procedures.

- ☐ I authorize the BCSLA to release my BCSLA Membership Status details to the above authority.

Name (please print)	Authorized Signature	Date (MM/DD/YYYY)
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