British Columbia Society of
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2017 BCSLA Individual Contact Information Update Form

This information will be used to update the 2016 SITELINES ANNUAL MEMBERSHIP AND FIRM ROSTER, the consulting section of the BCSLA website, the BCSLA Internal contact database, the BCSLA emailing list, and updates to the Canadian Society of Landscape Architects as necessary. Please return this form to office@bcsla.org, or by mail to the BCSLA office by **January 31, 2017**. A digital, fillable PDF of this form is available at www.bcsla.org/initiatives/bcsla-publications-1..

Please consult the 2016 SITELINES ANNUAL and www.bcsla.org/consulting/consulting to see how you are listed. If you do not want to be listed, please contact the BCSLA office. If you do not submit an update form, we will use your listing from last year (if you were listed). ***Please _type_ information in-full as this is how your information will appear in the Annual and on the BCSLA website.***

I. INDIVIDUAL CONTACT INFORMATION – **This information will be published** in the Sitelines Annual Member and

Firm Roster and the Consulting section of www.bcsla.org, and will be forwarded to CSLA as necessary (RLA/LA/Interns/FCSLA only).

Name: _____**BCSLA Membership Category:** _____

Company/Agency: _____

Department, Job Title (Public Sector Only): _____

Address: _____

City: _____ **Prov/State:** _____ **Postal/Zip Code:** _____ **Country:** _____

Telephone: _____ **Fax:** _____

Email: _____ **Web:** _____

II. MAILING ADDRESS – Please list only if different from above. **This information will not be published**. It will be used to update the BCSLA mailing list and the BCSLA electronic communications email list.

Name: _____ **Email:** _____

Address: _____

City: _____ **Prov/State:** _____ **Postal/Zip Code:** _____ **Country:** _____

Telephone: _____ **Fax:** _____

III. AUTHORIZATION – To safeguard and protect your personal information, the BCSLA will only use this information for the purpose(s) specified. It will not be re-used or distributed in any form other than for its specified purpose in compliance with BCSLA Privacy Protection Policy, PIPEDA, PIPA, and Federal ANTI-Spam Legislation.

☐ I authorize the BCSLA to use the contact information listed for the purpose(s) specified.

_____   _____
Authorized Signature   Name (Please print clearly)

_____   _____
Date (MM/DD/YYYY)   Title (Please print clearly)