



Waste Management Association of BC Introductory Membership Application

APPLICATION FORM:

COMPANY NAME: _____

PRIMARY CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

CELL PHONE: _____

EMAIL: _____

CONTACT:

Lori Bryan
Executive Director
604-283-5603
info@wmabc.ca
www.wmabc.ca

Please Return Completed
Application & Payment to:

WMABC
PO Box 3322 Station Main
Mission, BC V2V 4J5

Tel: (604) 283-5603
Fax: 1-866-272-8003
info@wmabc.ca

Applying for Membership as: (choose one)

-Hauler / Recycler \$100 _____
Introductory Offer – 6 month trial membership

Includes all weekly updates, member meeting & events invites, access to industry suppliers, updates & assistance on current gov't policies. Voting privileges instated upon full membership.

Yearly Membership

-Hauler /Recycler \$395 incl 3 trucks _____
\$500 up to 10 trucks _____
\$1000 11 – 25 trucks _____
\$5000 26 – 100 trucks _____

(Introductory price will be credited to the yearly membership dues if becoming a full member in the calendar year after accepting the trial membership)

Subtotal : _____

G.S.T. (5%) _____
GST# 889349056

Total _____

Visa _____ M/C _____

Expiry : _____/_____

Name on Card: _____

Mailing Cheque _____

Please email receipt Yes ___ No ___