

Member Information

Membership Name: _____ (Name must match provincial tenure documentation, if applicable.)

Contact Name: _____ (Name will appear on member list.)
Last *First*

Address: _____
Street Address *Unit #*

_____ *City* *Province* *Postal Code*

Phone: _____ Email: _____

Blanket Bond Coverage

Do you require blanket bond coverage for a shellfish production tenure? YES NO
 If yes, complete Section A below.

Do you require blanket bond coverage for an upland tenure? YES NO
 If yes, complete Section B below.

A. Blanket Bond Information – Shellfish Production Tenures

List all tenures for which this member requires coverage. Tenure documentation must match the 'membership name' above. **Use reverse, if necessary.**

BC Lands File #	DFO Area & Sub-area	Tenure Location	Tenure Size (Hectares)

B. Blanket Bond Information – Upland/Ancillary Tenures

List tenures for which this member requires coverage. Tenure documentation must match the 'membership name' above.

BC Lands File #	DFO Area & Sub-area	Tenure Location	Tenure Size (Hectares)

Calculation – Amount Due for 2016-2017 Membership

Base Membership	<input checked="" type="checkbox"/>	\$500.00	>	\$500.00
A. Blanket Bond Coverage – Shellfish Production Tenures				
<i>(If you require blanket bond coverage, select the <u>one</u> option that best reflects the total number of hectares for this membership and the tenures listed.)</i>				
Less than five (5) hectares	<input type="checkbox"/>	\$250		
More than five (5), but less than 20 hectares	<input type="checkbox"/>	\$500	>	
More than 20 hectares	<input type="checkbox"/>	\$1000		
B. Blanket Bond Administration – Upland/Ancillary Tenure				
(\$100/tenure)	<input type="checkbox"/>	# tenures _____ x \$100 = \$_____	>	

TOTAL \$

Payment may be made by cheque or credit card. Please make cheques payable to BC Shellfish Growers Association. If you would like to discuss other payment options (e.g., e-transfer), please contact the office to make arrangements.

Disclaimer and Signature

I certify that the information provided is true and complete to the best of my knowledge. By paying for membership, I acknowledge that the member listed follows BCSGA's Best Practices (if a tenure holder or processor).

Signature: _____ Date: _____

Credit Card Authorization

I authorize the charges made on the credit card listed below.

Name on Credit Card _____	Type of Card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card # _____	Expiry Date	_____
Signature _____	CVV	_____

(3-4 digit number on back of card)

ADDITIONAL Blanket Bond Information – Shellfish Production Tenures

BC Lands File #	DFO Area & Sub-area	Tenure Location	Tenure Size (Hectares)