



PCVA 2021 ASSOCIATE APPLICATION

Company Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Website _____

Representative _____

Representative Email _____

Representative Phone _____

Billing Contact _____

Billing Contact Email _____

Billing Contact Phone _____

Please describe your business and the benefits you would like to bring to PCVA Members. We will let the membership know as part of our Association Member promotion commitment.

We would appreciate it if you would submit a jpeg copy of your logo with your membership form, if you have not done so in the past.

| | | |
|---|----|-------|
| Basic Fee | \$ | 675 |
| GST / HST (Please pay your provincial rate ie 5%, 11%, 13%) | \$ | _____ |
| Total Payable | \$ | _____ |

Please email your form to: info@pcva.ca. We will then forward an invoice and update you as a member of the Association. Thank you!