BRITISH COLUMBIA JOB'S DAUGHTERS ALUMNI

MEMBERSHIP APPLICATION

NAME:				
ADDRESS:	(First)	(Initial)	(Last)	(Maiden)
		(Street Address/Post Office Box)		
(City)		(Province)		(Postal Code)
E-MAIL ADD	RESS:			
INITIATED:				
-	(Date)	(Bethel #)	(City)	(Province)
MAJORITY:	(Date)	(Bethel #)	(City)	(Dravisas)
HAVE VOLL	,	, ,		(Province)
HAVE TOO	RECEIVED	TOOK MAJOKI	I I CEREINO	N1!
BETHEL GU	ARDIAN C	OUNCIL POSITI	ONS (List by yea	ar, Bethel # and location)
OTHER JDI	TITLES (Lis	t by year, Bethel # and	location)	
Would you lik		an application for		d? If so, please provide their name
Would you be	interested i	n working with a B	ethel?	
\$35.00 MEM	IBERSHIP	FEE Uvisa/M	lastercard	Cheque
If paying by	credit card,	email completed	d form to: gse	cretary@bcjd.org
You will rece	eive an ema	ail from Square w	vith direct pay	ment instructions.
Mail cheque	s payable t	2298 H	RDIAN COUN Espin, Grand larbourgreene Surrey, BC	Secretary

Thank you for your application to become a registered BCJD Alumni Member