



Membership Application

September 1, 2020 to August 31, 2021

Unit F, 2002 Comox Avenue
Comox, BC V9M 3M6

Phone: 250.890.7561
Fax: 250.890.7563

Member Information

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

Voting Member 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 blanket bond coverage. **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)

Amount Due for 2020-2021 Membership

Base Membership (no blanket bond coverage)	<input type="checkbox"/>	\$500.00		
Membership with Blanket Bond – less than five (5) hectares	<input type="checkbox"/>	\$750.00		
Membership with Blanket Bond – more than five (5), but less than 20 hectares	<input type="checkbox"/>	\$1000.00	>	
Membership with Blanket Bond – more than 20 hectares	<input type="checkbox"/>	\$1500.00		
Blanket Bond Coverage – 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: _____

BCSGA Data Gathering

How many employees does the member employ? Full-Time _____ Part-time _____

Are you Federally registered or Provincially licensed shellfish processor? Yes _____ No _____

ADDITIONAL Blanket Bond Information – Shellfish Production Tenures

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

Credit Card Authorization

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

Name on Credit Card _____ Type of Card VISA MasterCard

Credit Card # _____ Expiry Date _____

Signature _____ CVV _____
(3-4 digit number on back of card)