



# Membership Application (Student)

Discover BC's Green Industry

## GENERAL INFORMATION

Name:

Phone:

Street:

City:  Province:  Postal Code:

Email:

Career Path:  Landscaping  Growing  Other (please specify):

## PROGRAM INFO

Institution:  Length of Program:

Name of Program:

Anticipated Completion Date:

Name of Instructor:  Instructor's Signature:

## REFERRED BY:

Please select one:  Other (please specify):

## PLEASE INITIAL OR CHECKMARK BELOW

I hereby certify that all information is accurate and true to the best of my knowledge and that I have the authority to make this application on behalf of the applicant. I acknowledge that giving a false statement to the BCLNA Board of Directors constitutes just cause for my expulsion as a member.

I agree that my basic contact information may be shared with other BCLNA members.

I hereby confirm that BCLNA has my express consent to communicate with me by email

I confirm that I am an individual attending full time high school, vocational institute, college or university, or indentured in the BC Provincial Apprentice Program.

I understand that for the BCLNA FREE Student membership only limited benefits apply and am a Non-voting member.

I consent to receive SMS messages from BCLNA

Signature  Date: