

PO Box 11056, RPO McCallum Road, Abbotsford, B.C. V2S 0E4

Website: http://www.sva.bc.ca

Individual Membership Application \$5/ You may pay for multiple years just ind			
First Name: Last Name:			
Address:	City:	Prov:	
Postal Code: Phone: ()	Email:		
Vehicle(s):			
Affiliated clubs:	Total Re	mittance: \$	

Club Membership Application \$50+ \$2/for each individual member that wishes to join				
Attach list of members with e-mail addresses. Print form off website. 20 (yr) New Renewal				
Club Name:	# of members			
Club Address:	City:	Prov:		
Postal Code: Phone: ()	Email:			
Contact Person:	Position:			
Address:	City:	Prov:		
Postal Code: Phone: ()	Email:			
May SVABC publish your club contact information on the SVABC website? □Yes □No				
For your records, please cut here and complete the following below and retain: Send the remainder of the application to SVABC				
Receipt Amount: \$Cash_Cheque_Date: for Year 20_Membership				

be The Specialty Vehicle Association of British Columbia

A Registered Non-Profit Volunteer Society Serving BC Vehicle Enthusiats