

BRITISH COLUMBIA FRUIT TESTERS ASSOCIATION

<http://www.bcfta.ca>

Membership Form

(Please print)

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

May we give your email address to your district representative? YES _____ NO _____

Membership Type: (circle one)

NEW

RENEWAL

Mail To:

Membership
B.C. Fruit Testers Association
P.O. Box 48123, 3575 Douglas St.
Victoria, B.C.
V8Z 7H5

Membership Fee:

Single or Family membership
\$20.00 per calendar year
Cash / Cheque / E-Transfer to
treasurer@bcfta.ca

Your Interests?

(It helps us plan our events if we know what our members are interested in)

Would you like to help the group as a Volunteer?

(We always need help to put on various events; experience is not necessary)

YES _____

NO _____

Thank You!