



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: Instructor 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 Apprentices 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

Please send completed application to membership@bclna.com

Signature

Date: