

Firm Name _____	<b>Name of Managing Partner</b> _____	
Street _____	Suite No. _____	P.O. Box _____
City _____ B.C.	Postal Code _____	<b>No. of Lawyers</b> _____
Telephone _____	Fax _____	<b>No. of Staff</b> _____
Website _____		
<b>Firm's Top 3 Practice Areas</b> _____		

**2017 ENROLMENT FEES**

**Firm Representative**  
Metro Vancouver \$425  
(see map for areas included in Metro Vancouver)  
All Areas Outside Metro Vancouver \$175

**Affiliate**  
Metro Vancouver - Subsection \$150  
Additional Subsections \$75  
All Areas Outside Metro Vancouver - Subsection \$50  
Additional Subsections \$25

**New Firm Special Introductory Rate \*\$350\***  
(Valid January 1 to April 30, 2017)

First Name	Last Name	Job Title	Email Address	Direct Tel. No.	Enrolment Type

Subtotal \_\_\_\_\_

**Subsection Selection**

**Representatives must select specific subsections from which they wish to receive communications or they will receive emails from all subsections.**  
Affiliates may choose to enrol in more than one subsection. Each additional subsections is \$75.00 per person, \$25 for each additional subsection for Affiliates from outside Metro Vancouver.

Last Name										Amount
Rep	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	\$0.00
Aff	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	
Aff	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	
Aff	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	
Aff	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	
Aff	<input type="checkbox"/> Facilities	<input type="checkbox"/> Finance	<input type="checkbox"/> HR	<input type="checkbox"/> KM	<input type="checkbox"/> Sm. Firm	<input type="checkbox"/> Tech	<input type="checkbox"/> Trainers	<input type="checkbox"/> Lit. Supt.	<input type="checkbox"/> MKGT	

Subtotal \_\_\_\_\_

Total \_\_\_\_\_

GST 5 % \_\_\_\_\_

**Amount Owning** \_\_\_\_\_

**Print Form and Remit with your Cheque to:**  
BCLMA, PO Box 75562, RPO Edgemont Village, North Vancouver, V7R 4X1

For further information, contact Jane Kennedy, Administrator, Membership Services  
Telephone: 604-988-1221 Email: info@bclma.org

BCLMA GST Reg # 88439 5708 RT0001