

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

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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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