



**BRITISH COLUMBIA
ASSOCIATION OF BARIATRIC ADVOCATES**



Surname: _____ Male Female
First Name: _____ DOB: _____
Address: _____
City/Province: _____ Postal Code: _____
Home Phone: _____ Email Address: _____
Are you, Pre-op? Post-op? Support person? Other?
Where did you learn of BCABA? _____

I herewith make application for membership of the British Columbia Association of Bariatric Advocates on and from the date of this application, and agree to abide by the rules and policies of the BCABA as they may be amended from time to time.

OFFICE USE ONLY
Membership fee rcvd: _____
In the amount of \$ _____
Signed: _____

I have enclosed my annual membership fee of \$5
 I have enclosed an additional \$ _____ as donation to the future success of BCABA

Signed: _____ Date: _____

Please make all cheques or money-orders payable to *BC Association of Bariatric Advocates*

BRITISH COLUMBIA ASSOCIATION OF BARIATRIC ADVOCATES
c/o Shari Lychak, Secretary
1005 Beverly Drive, Nanaimo BC V9S 2S3

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