Cordova Bay Association for Community Affairs (CBACA)

Membership Application Form

The larger our membership, the greater our voice with Saanich Council on issues that affect Cordova Bay.

Please help meet our goal of 1000 members!

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Please check one:	Renewal Member(s)	New Member	r(s)	
Address:		Postal (Code:	
All residents, 18	years of age or older, residing at	the same address, red	ceive a membership.	
Name (1):	E-ma	nail		
Name (2):	E-ma	E-mail		
Name (3):	E-ma	il		
Name (4):	E-ma	il	_	
Providir	ng email addresses enables you	to receive timely annou	uncements.	
Phone Numbers:				
Membership fe	es are used to support the CBAC	CA's activities on behalt	f of the community,	
•	o local non-profit organizations, a		•	
	Annual Cost: Only \$10.	00 per household		
Suggested payme	ent options: Two Years - \$20.00	Three Years- \$30.00	Five Years - \$50.00	
Receipt requested?	yes please	no thank you \Box		
	Business	ads:		
Please email a	advertisting@cbaca.ca to discuss	s advertising your busir	ness with CBACA.	
A paid business ad inclu	des a CBACA membership if you	ur business or persona	l address is in Cordova Bay	
Sei	nd this completed form with your	cheque payable to CE	BACA	
Mail:	PO Box 41003, 5166 Cordova E	Bay Road, Victoria V8Y	0A3 or	
Deposit in the C	BACA special box at the Cordov	a Bay Pharmacy, 5166	Cordova Bay Road	

For an electronic fillable membership form, and instructions for e-transfer payments, visit www.cbaca.ca/membership

Thank you. Your support is appreciated.