

Membership Form

Name of Applicant:

Name of Family members:

Address:

Phone:

E-mail:

I support the goals and objectives of the Bulgarian-Canadian Society of BC.

Signature :

Date :

Please, email your Membership Renewal Form to info@bcsbc.ca, or mail it to:

Bulgarian-Canadian Society of BC

1106- 1288 West Cordova St.

Vancouver, BC V6C 3R3