



## Blueberry Creek Community School Council Membership Application form

Date: \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E mail address \_\_\_\_\_

Phone : Daytime # \_\_\_\_\_ Evening # \_\_\_\_\_

Reason for requesting BCCS Society Membership

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to serve on either of the following committees? (please circle Y/N)

- a. Fundraising: Yes or No
- b. Volunteer coordination committee: Yes or No
- c. Membership committee: Yes or No

Signature \_\_\_\_\_

