



APPLICATION DATE _____

District of Sechelt Community Association Application Form

Attention: Corporate Officer

P.O. Box 129, 5797 Cowrie St, Sechelt, BC, V0N 3A0

Phone: 604-885-1986 Email: info@sechelt.ca

1. Name of Community Association:

(PLEASE PRINT)

2. Name of Contact Person: _____ **Position:** _____

(PLEASE PRINT)

(For notification purposes, please provide mailing address of contact person.)

Address: _____

(PLEASE PRINT)

City: _____ **Postal Code:** _____

Telephone Numbers:

Residence: () _____ **Business:** () _____ **Fax No:** () _____

E-Mail Address: _____

3. Community Association Representatives (PLEASE PRINT OR ATTACH LIST):

Name

Position

Address

Telephone #

4. Please list the boundaries (eg. street names or major landmarks) of the area which the Association represents:

North: _____

South: _____

East: _____

West: _____

5. Societies Act Certificate of Incorporation attached? Yes No
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Notice of Collection of Personal Information

The information collected on this form will be used to compile and maintain an official Registry of Community Associations. Any personal information we ask you to provide is collected under the *Freedom of Information and Protection of Privacy Act*. The information will only be used for the purpose for which it is collected. Any information collected will not be disclosed to third parties without your permission, except as required by law. Questions about this collection can be addressed to the Corporate Officer: info@sechelt.ca; 604-885-1986.