



# Medical Office Assistants' Association of BC Member-at-Large Application

Name in full: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

## QUALIFICATIONS FOR MEMBERSHIP:

- **Employed in a Medical Facility:** Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_
- **And/or Completed a Health Care Education Program:** School: \_\_\_\_\_  
Name of Program: \_\_\_\_\_
- **And/or Student in a Health Care Education Program:** School: \_\_\_\_\_  
Name of Program: \_\_\_\_\_

**ANNUAL DUES: \$50.00**

**STUDENT DUES: \$25.00**

Please make cheque or money order payable to: MOAA of BC    Membership pins are available

**Please send completed application and your payment to the Provincial Treasurer**

**Doreen Gunn, Provincial Treasurer**

# 5 – 401 Fifth St. New Westminister, BC V3L 2X5

Email: provtreasurermoaabc@gmail.com

**For further information please check our website: [www.moaabc.ca](http://www.moaabc.ca)**

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

\_\_\_\_\_  
(Applicant's signature)

- I give permission for my contact information to be shared with the Provincial Board of Directors and other members-at-large.
- I give permission for my contact information to be shared only with the Provincial Board of Directors.