

WESTERN CANADA BRANCH

District 5, International



Membership Application/Renewal

(Please print clearly)

First name _____ **Last name** _____

Title _____ **Employer** _____

Mailing Address (street) _____

City _____ **Province** _____

Postal code _____ **email address** _____

Business phone _____ **Fx** _____

Are you a Certified Employee Assistance Professional? _____ yes _____ no

Membership

EAPA members have the option of joining both the local EAPA Western Canada Branch and the International Employee Assistance Professional Association.

Fees for Western Canada Branch membership: (Sept - May).

_____ **Annual membership** is \$60.00

_____ **Renewing members** pay \$50.00

EAPA International membership # _____ Please provide this number or indicate the date you mailed your EAPA International membership application to that office.

Please mail this completed form and your fee to the Treasurer, EAPA Western Canada Branch:

Susan Curtis, M.Ed., RCC, CEAP
4513 West 13th Avenue
Vancouver, BC
V6R 2V5