



BC Interior Community Foundation  
MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Referred by (existing member, if applicable) \_\_\_\_\_

I have experience & competency in the following areas (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Finance & Accounting   | <input type="checkbox"/> Gift Planning            |
| <input type="checkbox"/> Human Resources        | <input type="checkbox"/> Investment               |
| <input type="checkbox"/> Research               | <input type="checkbox"/> Policy Development       |
| <input type="checkbox"/> Politics               | <input type="checkbox"/> Marketing/Communications |
| <input type="checkbox"/> Legal                  | <input type="checkbox"/> Project Management       |
| <input type="checkbox"/> Risk Management        | <input type="checkbox"/> Strategic Planning       |
| <input type="checkbox"/> Performance Management | <input type="checkbox"/> Information Technology   |
| <input type="checkbox"/> Board/Governance       | <input type="checkbox"/> Project Evaluation       |
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Granting                 |
| <input type="checkbox"/> Fund Development       |   |

Why do you wish to become a member of the BC Interior Community Foundation?

Do you have any related community/volunteer experience or community organization affiliations?

We encourage members to attend our AGM & annual dinner. If you would like to become more involved with the foundation, please contact us to discuss opportunities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email Application to: [info@bcicf.ca](mailto:info@bcicf.ca) /  
Mail/Deliver to Office (Open: 9am – 1pm – Tues thru Thurs)  
#2-219 Victoria St. Kamloops, BC V2C 2A1