

Medical Office Assistants' Association of BC

MEMBER-AT-LARGE APPLICATION FORM

Name in full: _____ Date: _____

Address: (include postal code)

Phone: (H) _____ (W) _____ (F) _____

Email: _____

QUALIFICATIONS FOR MEMBERSHIP

- (a) Employed in a Medical Facility and/or
- (b) Completed a Health Care Education Program

Please complete the information below that applies to your application for membership in the MOAA of BC as a Member-at-Large.

(a) Employed in a Medical Facility

Present or last employer: (indicate which) _____

Address: _____

(b) Completed a Health Care Education Program

Name of Health Care Education Program _____

Business School: _____

Date graduated: _____

By my signature I acknowledge the information provided is true.

Signature

ANNUAL DUES \$40.00

Membership pins are available

Please return completed application with \$40 (annual dues) to the Provincial Treasurer

Diana Pawelchak, Provincial Treasurer

1356 Marguerite St.

Coquitlam, BC V3E 0E1

Ph: 604.468.0377

E-mail: gpawelchak@hotmail.com

