



# Medical Office Assistants' Association of BC

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## Chapter Membership Application Form

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

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-mail \_\_\_\_\_

### QUALIFICATIONS FOR MEMBERSHIP:

- a) Employed in a Medical Facility and/or
- b) Completed a Health care Education Program.
- c) Student membership, with no voting privileges, may be granted to Students by Chapters, with fees at the Chapter's discretion.

#### a) Employed in a Medical Facility:

Present or last employer \_\_\_\_\_

Address \_\_\_\_\_

**OR**

#### b) Completed a Health Care Education Program:

Name of Health Care Education Program \_\_\_\_\_

Business School \_\_\_\_\_

**OR**

#### c) Student membership

Name of Health Care Education Program \_\_\_\_\_

Business School \_\_\_\_\_ Date graduating \_\_\_\_\_

ANNUAL DUES: \_\_\_\_\_

Membership pins are available

**FOR FURTHER INFORMATION, VISIT OUR WEBSITE AT  
[www.medicalofficeassistantsofbc.com](http://www.medicalofficeassistantsofbc.com) OR CONTACT THE LOCAL CHAPTER  
Please return this form to the Chapter Membership Chairperson**

Revised 2003