

BCPVPA Associate Application

The BC Principals' & Vice-Principals' Association (BCPVPA) is a professional association representing school leaders employed as Principals, Vice-Principals, and directors of instruction at the school or district level in BC's public education system. The BCPVPA provides its members with the professional services and supports they need to provide exemplary leadership in public education. The BCPVPA offers Associate of the BCPVPA affiliation for others who are not eligible for BCPVPA membership.

Associate of the BCPVPA
\$240.00 / annum

*rates include GST

Aspiring Principals or Vice-Principals who are currently teachers, BC School District Senior Leaders and former BCPVPA members on secondment or leave who do not meet the definition of BCPVPA member.

ASSOCIATE BENEFITS

- The BCPVPA Principl(ed) Magazine
- Participation in select professional development programs at a discount from non-member rates
- Associate access to BCPVPA's D2L Brightspace for selected programming

PERSONAL CONTACT INFORMATION

Title: _____ First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal Code: _____ Primary Phone: _____

Secondary Phone: _____

Email Address: _____

SCHOOL LEADERSHIP INFORMATION

Fill out the category that applies to you.

1 Current Teacher

SD #: _____ School Name: _____

2 Former BCPVPA Member on Secondment or Leave

Start Date (mm/dd/yyyy): _____

Expected End Date (mm/dd/yyyy): _____

Former Role:

Principal

Vice-Principal

Other

Former SD #: _____ Former School Name: _____

3 BC School District Senior Leader

SD #: _____ Current Role: _____

PAYMENT INFORMATION

Payment Method: VISA

Mastercard

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: _____ CVV (3-digits): _____

Cardholder Signature: _____

Successful applicants will be charged an annual payment of \$240.00. The payment date will be the first day of the month that follows the notice of Board of Directors approval. The BCPVPA requires written notification of cancellation a minimum of sixty days prior to the annual renewal date.

CONSENT

The BCPVPA takes privacy seriously and is committed to protecting your personal information. We collect the personal information provided on this form solely for the purposes identified in our [Privacy Policy](#).

I consent to receiving electronic messages and communications from the BCPVPA that are relevant to me as an Associate. I understand that from time to time, BCPVPA may distribute commercial electronic messages with information about applicable discounts available from third-party providers, and that my contact information will not be provided to any third party without my consent.

I consent to the collection of my personal information for use by the BCPVPA.

Signature _____ Date _____

SUBMIT APPLICATION

Please email the completed form to applications@bcpvpa.bc.ca

Applications will be reviewed by the BCPVPA staff and brought to the BCPVPA Board of Directors for approval.

Questions? Please [get in touch](#) with us.
Thank you for applying. We will be in contact soon.



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