



BCCA Membership Application

Please indicate type of Membership desired:

Individual or Agency Membership: _____ \$25 Camp Membership _____ \$255 (2009)

Name: _____ Daytime Phone # _____

Address: _____

Fax: _____ E-Mail: _____

City/Province: _____ Postal Code: _____

Camp Name: _____

Main Camp Contact: _____ Title: _____

Years continuous operating _____ Last year of operation _____

BCCA Accredited in past? _____ Year last accredited? _____

Please return to: Sasamat Outdoor Centre
3302 Senkler Rd, Belcarra BC V3H 4S4
Ph: 604-939-2268 Fax: 604-939-8522 info@sasamat.org