



**British Columbia**  
**Council of Administrators**  
**of Special Education**

**Fax or mail this completed form to:**  
 Don Wilcox  
 BC CASE Treasurer  
 c/o Director Student Support Services  
 School District 22 (Vernon)  
 1401 – 15th St  
 Vernon, BC V1T 8S8 Fax # 250-549-9200

# FULL Membership Application

**Full Membership is for individuals who hold an administrative position:**

- Superintendent, Director, Principal/Vice Principal
- Annual membership fee is **\$150.00**
- Membership fee is due by **September 30<sup>th</sup>** each year

**1. Address Information PLEASE PRINT ◇ Please use preferred mailing address**

NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">PREFIX SUFFIX</td> <td style="width: 30%; border-bottom: 1px solid black;">FIRST NAME</td> <td style="width: 15%; border-bottom: 1px solid black;">MIDDLE INITIAL</td> <td style="width: 40%; border-bottom: 1px solid black;">SURNAME</td> </tr> </table>	PREFIX SUFFIX	FIRST NAME	MIDDLE INITIAL	SURNAME	
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ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">SCHOOL DISTRICT NAME AND NUMBER</td> </tr> <tr> <td style="border-bottom: 1px solid black;">MAILING ADDRESS – STREET NUMBER AND NAME OR P.O. BOX NUMBER</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CITY</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PROVINCE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">POSTAL CODE</td> </tr> </table>	SCHOOL DISTRICT NAME AND NUMBER	MAILING ADDRESS – STREET NUMBER AND NAME OR P.O. BOX NUMBER	CITY	PROVINCE	POSTAL CODE
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**2. Membership Information**

<ul style="list-style-type: none"> <li>▪ Council for Exceptional Children membership is optional</li> <li>▪ CASE international membership is optional</li> <li>▪ Opportunity to be nominated and elected to the executive</li> <li>▪ Opportunities to be selected for projects or to be on ministry committees</li> </ul>	<ul style="list-style-type: none"> <li>▪ Access to the “members only” section of the BC CASE website</li> <li>▪ Voting privileges at the AGM</li> <li>▪ Annual membership fee is \$150.00</li> <li>▪ Membership fee is due by September 30th each year</li> </ul>
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**3. Payment Options**

<input type="checkbox"/> <b>Check</b> <i>(Please include with application form when mailed to the address at the top of this form)</i>
<input type="checkbox"/> <b>Pay Pal Online</b> (See BCCASE Website Membership Tab - <a href="http://www.bc-case.org">www.bc-case.org</a> ) <i>(You must still mail or fax this form) Fax # 250-549-9200</i>

**British Columbia Council of Administrators of Special Education (BC CASE) members are dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual in society.**