



Condominium Home Owners Association of British Columbia
Leadership, Education and Resources for Strata Owners Across British Columbia

Suite 200 – 65 Richmond Street, New Westminster, BC V3L 5P5
 Tel: 604.584.2462 Toll Free:1.877.353.2462 Fax: 604.515.9643
 Email: info@choa.bc.ca Website: www.choa.bc.ca

Business Membership Application

Please send your application including payment of \$250 to CHOA at the above address and email a maximum 25 word company profile for our online business directory along with addresses of multiple locations if applicable.

Legal Name: _____ Type of Business: _____

Other Business Names/Branches: _____

Company Name to be used in CHOA directories: _____

*Member in good standing of a Professional Association Name: _____

*Accreditation with the Better Business Bureau Accredited since: _____

Business Classification: Sole Owner Partnership Incorporated Association Other: _____

Contact Name: _____ Contact Email: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____ Website: _____

Email for CHOA directory: _____ Email For Invoicing: _____

Membership includes a subscription to the CHOA Journal. Please send the CHOA Journal publication by email and regular mail

Officer, Principals or Partners

Name	Position	Telephone

Business References

Company Name	Contact Name	Telephone

I _____ (signatory), at _____ on the _____ day of _____ 20____, authorize the Board of CHOA or appointed representative(s) to obtain or verify such information disclosed as may be necessary in connection with the establishment of a business membership with CHOA BC. The Board of Directors of CHOA retains the right to refuse application for business membership or terminate a business membership and cancel all privileges, where on reasonable complaints or unsatisfactory resolution of disputes, the continuing business membership would not serve the interests of the CHOA membership. By applying for membership, I declare that there are no outstanding claims or charges against my corporation at this time that may conflict with this membership being in good standing. In the event of a dispute arising between our company and a CHOA member, and there being no applicable dispute resolution process available through our Professional Association, we agree to such dispute being resolved through the Better Business Bureau or by the Civil Resolution Tribunal.

Signature _____ Title _____

Method of Payment: Cheque enclosed payable to CHOA VISA MasterCard e-Transfer

Credit Card # _____ Exp Date: _____

Card Holder: _____ Signature: _____

FOR OFFICE USE ONLY Approved: _____ Starting Date: _____

*The company wanting to join CHOA must: be a member in good standing of a Professional Association of the relevant industry or organization with a mandatory dispute resolution, or must be accredited with the Better Business Bureau for at least six months prior to the date of their application for membership, or agree to disputes being adjudicated through the Civil Resolution Tribunal, or must be an association that in the opinion of the CHOA Board or Directors would best serve its members.