

PAC - B.C. Chapter Membership Application

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Name	Email address	
Street address	Street address line 2	
City	Province	Postal Code
Phone number	Subscribe to PAC eNews - Yes/No	
Employers Name	Signature	Date Signed
Paramedic License Level	<i>Office Use Only - Approval Date</i>	

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From (date of membership approval) to (date of membership renewal).

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On receipt of payment, membership information will be mailed or emailed to applicant

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Ambulance Paramedics of B.C.

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