

Please email this form to [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca)

**Member Information**

Organization Legal Name: \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

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**Long Term Financing Contact Information**

Contact Person Full Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

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**Short Term Financing Contact Information**

Contact Person Full Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

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**Equipment Financing Contact Information**

Contact Person Full Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

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**Pooled Investment Funds Contact Information**

Contact Person Full Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

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**Pooled High Interest Savings Account Contact Information**

Contact Person Full Name: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_