



Please email this form to mfa@mfa.bc.ca

Member Information

Organization Legal Name: _____

Organization Street Address: _____

City, Province, Postal Code: _____

Long Term Financing Contact Information

Contact Person Full Name: _____

Contact Person Title: _____

Contact Person Email: _____

Short Term Financing Contact Information

Contact Person Full Name: _____

Contact Person Title: _____

Contact Person Email: _____

Equipment Financing Contact Information

Contact Person Full Name: _____

Contact Person Title: _____

Contact Person Email: _____

Pooled Investment Funds Contact Information

Contact Person Full Name: _____

Contact Person Title: _____

Contact Person Email: _____

Pooled High Interest Savings Account Contact Information

Contact Person Full Name: _____

Contact Person Title: _____

Contact Person Email: _____