# BCWA Membership Application Form

Please fill out the form below and send it to: office@thebcwawards.com

Full Name:

Email Address:

Phone Number (optional):

Company Name (if applicable):

Position / Role:

Website or Social Media (optional):

Membership Type (please select one):

☐ BCWA Member (£29 / year)

☐ BCWA VIP Member (£79 / year)

☐ BCWA Lifetime Member (£249 one-time fee)

Billing Address:

Preferred Payment Method (currently only bank transfer is accepted):

Additional Notes (optional):

By submitting this form, I confirm that the information provided is accurate and I agree to the BCWA membership terms and conditions.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_