

# BCPVA – New Guest Information Form

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Name:

Business Name:

Phone Number:

Email address:

Website:

Markets Served (please specify niche markets if applicable):

Weddings

Event

Corporate

Other

Years in business:

Education/Experience:

Video Camera Make and Model:

Editing System:

How did you hear about the BCPVA?:

Please list 2 reasons why you would like to join the BCPVA:

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Admin Section

Date first meeting attended

Date Joined as Associate Member

Date Joined as a Full Member