

Membership Designation of Authority Authorization Form

(Confidential)



Primary Membership Account Owner:

BCAA Membership Number: 620 273 _____

Surname: _____ First Name: _____ Middle Initial _____

I hereby designate ,

Surname: _____ First Name: _____ Middle Initial _____

the authority to: (Check all that apply)

- All the below
- Change account information (address, postal code, phone, & email address)
- Downgrade Membership coverage's ; other than own
- Delete or downgrade household Members; other than own
- Delete payment details, including Automatic Member Renewal
- Cancel Membership (Reason: _____)
- Other (specify): _____

Authorization Period: No end date or

Start date: ___ / ___ / ___ (mm/dd/yy) End Date: ___ / ___ / ___ (mm/dd/yy)

I understand that I am empowering the above designate to make changes to my BCAA Membership account as per the details above.

Member Signature: _____ Date: _____

Original must be provided to BCAA office to effect changes to Membership account. Note: Form not required to apply payment to or upgrade Memberships on account. Only primary member is able to promote an associate to replace them as a primary.