



Canadian Adult Entertainment Commission Application for membership

Name:

Address:

Phone number:

E-mail:

Proof of experience as a sex industry stakeholder: (if you are a representative of a group or local, enter the name of your local, contact info, and number of members you represent)

The Canadian Adult Entertainment Commission (and its member groups/ locals) will hold this information in the strictest of confidentiality. No one shall be allowed access to this information unless they can prove a risk to the life or safety of a person. Each local will decide on a case-by-case basis if such a threat exists and if a person may be granted limited access to this information.

I, _____, hereby submit my application to the CAEC.

Date: _____

CAEC Representative: _____

Please submit by email to coordinator@wccsip.ca

or via snail mail to:

#507-1348 Barclay St. Vancouver, BC V6E 1H7.