



## MEMBERSHIP RENEWAL FORM

**Annual Due: May 1<sup>st</sup> – April 31<sup>st</sup>**

**Membership Fees: - Select one**

- General Membership - **\$60.00**
- Senior Membership (60 years and older) - **\$50.00**
- Recognised Practitioner (TTRP) Membership - **\$70.00**
- Senior TTRP Membership - **\$60.00**
- Recognised Teacher (TTRP/TTRT) Membership - **\$80.00**
- Senior TTRT Membership - **\$70.00**

Date: \_\_\_\_\_ Membership # \_\_\_\_\_ (If Known)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

(\*Your personal information (name/address/phone/number/email) will be used in accordance with the PIPA Act and may also be shared with other BCTTNS members).

**Therapeutic Touch Status – Select one:**

Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ TTRP \_\_\_\_\_ TTRT \_\_\_\_\_

**In what areas do you feel you could contribute to BCTTNS? (Please select all that apply).**

\_\_\_\_\_ Special Events, \_\_\_\_\_ Publicity, \_\_\_\_\_ Marketing, \_\_\_\_\_ Fundraising, \_\_\_\_\_ Grant Proposals

\_\_\_\_\_ Education, \_\_\_\_\_ Regional Representative, \_\_\_\_\_ Membership, \_\_\_\_\_ Secretary,

\_\_\_\_\_ Treasurer, \_\_\_\_\_ Director, \_\_\_\_\_ Other \_\_\_\_\_

**PAYMENT CAN BE MADE VIA PAYPAL ON OUR WEBSITE: [www.bctherapeutictouch.com](http://www.bctherapeutictouch.com)  
OR:**

**Make cheque or money order payable to BCTTNS and mail to Laurie Hatton, PO Box 459,  
Crofton, BC, V0R 1R0**