



MEMBERSHIP RENEWAL FORM

Annual Due: May 1st – April 31st

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 _____

Yes, I have re-read the Code of Ethics _____

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
OR:**

Make cheque or money order payable to BCTTNS and mail to Susan Rutherford, 203-5544 16th Avenue, Delta, BC, V4M 2H8