



BCTTNS New Member Registration

(Membership Year runs from 1 May – 30 April)

*** ALL FIELDS REQUIRE FILLING IN...

Date: _____

Last Name: _____ First Name _____

Mailing Address: _____ PC _____

Phone: _____ Wk Phone/or cell _____

Email _____

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

Please list your Last Therapeutic Touch Level (Krieger-Kunz method) achieved:

Date _____ Instructor _____ Location _____

Level 1/2/3 _____ Hours _____

Your last Therapeutic Touch Studies including conferences and retreats

Date _____ Instructor _____ Location _____

Course _____ Hours _____

Date _____ Instructor _____ Location _____

Course _____ Hours _____

Additional qualifications: DEGREES / LICENCES/Last Renewed Certification for TT Recognized Practitioner and or TT Recognized Teacher

Do you currently belong to TT practice group? Y__ / N__ - If yes your facilitator is: _____

I am Interested in VOLUNTEERING (check applicable)

Special Events ____ PR ____ Education ____ Practice Group ____ Regional Rep ____ Board ____ Other ____

I would give TT sessions through BCTTNS referral services at these locations

Clients Home ____ My Home ____ My Treatment Place ____ Hospital / Facility Name: _____

Application must also include a **signed Code of Ethics Conduct - for Practice and for Teaching**

In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA) I have checked the box and give permission for:

- My Photograph to be used in BCTTNS publications or website.
- In registering to become a member, I agree to receive from BCTTNS electronic emails, newsletters, AGM materials, notifications of events, updates and membership renewals. I can withdraw consent at anytime by notifying BCTTNS.
- I wish to have my name listed on the website as a Member

NEW MEMBERSHIP FEE: \$30.00 (Note: Transfers from other Networks pay regular fees as listed below)

Amount Enclosed: \$ _____ Receipt: Y___ N___ Signature: _____

Mail

- Cheque payable to BCTTNS,
- Completed registration form
- Signed Code of Ethics

TO:

Susan Rutherford
203-5544 16th Avenue
Delta BC
V4M 2H8
bcttns.membership@gmail.com

FOR YOUR INFORMATION:

Membership Dues for Renewal of Membership each year as at 1 May are as follows:

- _____ **\$60.00/yearly General Membership**
- _____ **\$50.00/yearly Senior Membership**
- _____ **\$70.00/yearly TT Recognized Practitioner (TTRP) membership**
- _____ **\$60.00/yearly Senior TTRP**
- _____ **\$80.00/yearly TT Recognized Teacher (TTRT) (Includes TTRP) membership**
- _____ **\$70.00/yearly Senior TTRT**
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- _____ **Total fees**