



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**
- Recognized Practitioner (TTRP) Membership - **\$70.00**
- Senior TTRP Membership - **\$60.00**
- Recognized Teacher (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 PIPED 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 _____

Yes, I wish my name to be listed on the website as a Member _____

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 Sue Dyer, 7462 Crawford Drive,
North Delta, BC, V4C 6X6**