



BCTTNS MEMBERSHIP RENEWAL FORM

Annual Dues: May 1st – April 30th

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**

Select Method of Payment: E-transfer bcttns.etransfers@gmail.com PayPal via website: www.bctherapeutictouch.com Cheque payable to **BCTTNS** and mail to **Sue Dyer, 7164-120th Street, Surrey, BC V3W 3M8**

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: Please select all courses completed:

Foundations of Therapeutic Touch _____ or Therapeutic Touch Level 1 _____

Transpersonal Nature of Therapeutic Touch _____ or Therapeutic Touch Level 2 _____

Application of the Inner Processes of Therapeutic Touch _____ or Therapeutic Touch Level 3 _____

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

I wish my name to be listed on the website as a Member _____ (Please indicate YES or NO)

BCTTNS is always welcoming new board members, this is a great way to connect with, and be involved in building our Therapeutic Touch community. Please indicate if you would like to serve on the BCTTNS board: _____

Please select other area(s) you maybe interested in volunteering with BCTTNS? Special

Events ___ Publicity ___ Education ___ Fundraising ___ Other _____

Please complete and email this Membership Renewal to: bcttns.membership@gmail.com **or mail to:** Sue Dyer, 7164-120th Street, Surrey, BC V3W 3M8