



# BCTTNS New Member Registration

(Membership Year runs from 1 May – 30 April)

\*\*\* ALL FIELDS REQUIRE FILLING IN...

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 \_\_\_\_\_

Last Level Achieved: \_\_\_\_\_ 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

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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 \_\_\_ 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:

Sofia Sandover  
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Vancouver, BC  
V6S 2K7  
Cell: 604-839-8562  
[bcttns.membership@gmail.com](mailto: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**