

**BRITISH COLUMBIA ACUPRESSURE THERAPISTS' ASSOCIATION**

**Application for Renewal Membership**

Mail to: **BCATA, P. O. Box 8143, Victoria, BC V8W 3R8**

Voice mail: **(250) 704-2888**



<b>Name</b>			
<b>Address</b>			
<b>Phone</b>	<b>home:</b>	<b>work:</b>	<b>work ext:</b>
	<b>cell:</b>	<b>fax:</b>	<b>toll free:</b>
<b>Internet</b>	<b>email:</b>		<b>website:</b>
<b>Business Name:</b>			

**Applying for membership status of:**

- Student (Non-Voting) [**Fee CDN \$35**]
- Practitioner (Full Membership) [**Fee CDN \$100**]
- Teacher (Full Membership) [**Fee CDN \$100**]
- Non-Active (Non-Voting) [**Fee CDN \$50**]

**Comments:**

Please enclose completed "Reporting Form for Continuing Education Credits." **Do not include Certificates or Receipts.**

**Make cheque payable to BCATA.** Please be sure to write a separate cheque for your Association membership dues from any other payments (i.e. conference fees, shirt orders, etc.) that you may be including in the same envelope.

**Membership fees for the 2010-2011 year are due on or before October 22, 2010. Any fees received after this date will be considered late and are subject to a \$35 administrative fee in addition to the membership fee.**

**Signature of Applicant:**

Upon acceptance of this application, I, \_\_\_\_\_, do hereby verify that I have paid my current fees with any trade marked and/or authorized program registration and/or licensing requirement. (e.g. The Jin Shin Do Foundation® for Practitioners and Teachers trained in that modality) and do hereby agree to abide by the Code of Ethics and Standards of Practice of the **BCATA** as delineated in the bylaws of the Association. (**Proof of payment not required**)

Date:(mm/dd/yyyy)\_\_\_\_\_Signature:\_\_\_\_\_