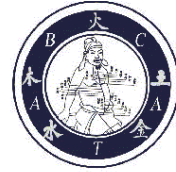


BRITISH COLUMBIA ACUPRESSURE THERAPISTS' ASSOCIATION

Application for Renewal Membership

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

Voice mail: (250) 704-2888



Name			
Address			
Phone	home:	work:	work ext:
	cell:	fax:	toll free:
Internet	email:		website:
Business Name:			

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 2008-2009 year are due on or before October 25, 2008. 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:_____