**BCPTA MEMBERSHIP FORM**

\_\_\_\_\_\_\_\_\_\_\_ Membership Year

The annual membership rate is **$60.00** ($30.00 for students). Please make your cheque or money order **payable to the British Columbia Play Therapy Association** and mail it to:

**BCPTA MEMBERSHIP**

**PO Box 190094Th Ave. Post Office,**

**Vancouver, BC V6K 4R8**

**We encourage you to register online at**

***www.bcplaytherapy.ca.***

**Membership Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Information / Student Number (for students only):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Please tick if you do **NOT** want to be in the “members only” directory.