



## APPLICATION FOR MEMBERSHIP to SOCIETY

Welcome to the BC Hear the Child Society!

Thank you for supporting the objectives of the Society, we are pleased to have you join our membership.

Annual membership dues are \$50 for each calendar year, or portion thereof.

Please complete the following portion of our form and send the **completed** form along with your cheque to the address set out below.

Name:		Email:	
Residential Address+City:		Postal Code:	
Phone (B):	Phone (C):	Fax:	
Profession:			

### Membership Dues Enclosed

I attach a cheque in the amount of \$50.00 made payable to the "BC Hear the Child Society".

Please submit your completed application along with your cheque for annual membership dues to:

BC Hear the Child Society  
c/o Unit 11 – 620 Judah Street  
Victoria, BC V8Z 2K2  
Fax: 250-656-4789

Please **also** send your scanned application electronically to:  
[memberships@hearthechild.ca](mailto:memberships@hearthechild.ca)