**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 both your completed application and your cheque for annual membership dues to:**

**BC Hear the Child Society**

**c/o Unit 11 – 620 Judah Street**

**Victoria, BC V8Z 2K2**

**Please also scan and send your application electronically to:**

memberships@hearthechild.ca