**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](mailto:memberships@hearthechild.ca)