

2015 BCRS Membership Application

Name _____

Address (preferred) _____

City _____ Postal Code _____

Address (alternate) _____

City _____ Postal Code _____

E-mail1 _____ Phone (preferred) _____

E-mail2 _____ Phone (alternate) _____

Check membership type		
<input type="radio"/>	Regular Member	\$1575.00
<input type="radio"/> <input type="radio"/>	Salaried Member - first time member discount (50%) OR First Year in Practice (50% discount)	\$787.50
<input type="radio"/>	Retired or Professionally Inactive Members	\$100.00
<input type="radio"/>	Resident Member PGY_____	No Charge
<input type="radio"/>	Fellow - Fellowship completion date _____	No Charge
<input type="radio"/>	Canadian Association of Radiologists - Regular member	\$830.00

We accept payment by cheque or credit card:

Amount enclosed \$ _____

Payment Type cheque* VISA MasterCard

**Please make cheque payable to "BC Radiological Society"*

Card Number _____ CVV _____ Expiry Date ____/____

Name of Cardholder _____

Signature _____

MAIL to 230-1210 Summit Dr, Ste 128, Kamloops BC V2C 6M1

FAX to 1 250 377 4028

EMAIL to bcrs@bcrs.bc.ca

Thank you for your support!