



2009 BCRS Membership Application

Name _____	
Address (preferred) _____	
City _____	Postal Code _____
Address (alternate) _____	
City _____	Postal Code _____
E-mail1 _____	Phone (preferred) _____
E-mail2 _____	Phone (alternate) _____

Check your membership type and along with payment, send completed form to the BCRS,
230-1210 Summit Drive, Ste 128, Kamloops BC V2C 6M1:

<input type="radio"/>	Regular member	\$1400.00
<input type="radio"/>	Part –Time (* Net income \leq \$125,000)	\$700.00
<input type="radio"/>	Retired (\$100)	\$100.00
<input type="radio"/>	Resident/Fellow (FREE)	No Charge
<input type="radio"/>	Canadian Association of Radiologists Regular member (<i>must be in conjunction with a BCRS Regular membership</i>)	\$625.00

Thank you for your support!