



BCPS MEMBERSHIP APPLICATION 2019

CONTACT INFORMATION

Dr. Ms. Mr.

Name:

First

Last

Address:

City

Province

Postal Code

Office Phone:

Office Fax:

Home Phone:

Email:

MEMBERSHIP CATEGORY

Please check which category you wish to apply for:

Table with 3 columns: Membership Category, Description, and Fee. Categories include Active (\$400), Associate (\$150), First Year of Practice (\$50), Resident / Medical Student (Free!), and Retired (\$25).

PAYMENT INFORMATION

There are two options for payment:

- 1) Please visit our website, and pay online with a credit card.
2) Or, you can mail this application, along with your cheque, to:

Stephanie Stevenson, Executive Director
BC Pediatric Society
Room 2D19, 4480 Oak Street
Vancouver, BC
V6H 3V4

