



2019 Membership Application

Name _____
 Address _____
 City _____ Postal Code _____
 E-mail (personal) _____ Phone _____

I expressly consent to subscribe to receive broadcast email messages from the BC Radiological Society as per *Canadian Anti-Spam Legislation*. I understand that I can unsubscribe at any time.

Check membership type		
<input type="radio"/>	Regular Member **Must also join the CAR	\$1,550.00
<input type="radio"/>	First Year in Practice (50% discount)	\$775.00
<input type="radio"/>	Alternately Paid Member (50% discount for first year)	\$775.00
<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
Canadian Association of Radiologists – payable via the BCRS OR directly to the CAR		
<input type="radio"/>	Regular Member	\$880.00
<input type="radio"/>	First or Second Year in Practice	\$440.00
<input type="radio"/>	Reduced Practice (less than 2.5 days per week)	\$465.00
<input type="radio"/>	Retired / Professionally Inactive Member – with CARJ/without CARJ	\$75.00 / No Charge \$50.00
<input type="radio"/>	Radiology Fellow	\$50.00
<input type="radio"/>	Radiology Resident	\$25.00

Amount enclosed \$ _____ Payment Type cheque* VISA MasterCard

Card Number _____ CVV _____ Expiry Date ____/____

Name of Cardholder _____

Signature _____

Please make cheques payable to “BC Radiological Society”

MAIL: 230-1210 Summit Dr, Ste 128, Kamloops BC V2C 6M1
FAX 1 250 377 4028 or **EMAIL:** bcrs@bcrs.bc.ca