

YES, I ACCEPT YOUR INVITATION TO JOIN

"The BC Association for Individualized Technology and Supports for People with Disabilities (BCITS)
Home of Provincial Respiratory Outreach Program (PROP) & Technology for Independent Living (TIL)."

Name: _____

Address: _____

City/Prov: _____

Postal Code: _____

Telephone: _____

Email: _____

PLEASE CHECK ONE :

- MEMBERSHIP FOR REGISTERED BCITS CLIENTS:

Please mail completed form to BCITS. (The cost of postage constitutes your membership fee.)

- NON-CLIENT MEMBERSHIP FEE:

*Please mail completed form along with \$20.00 annual membership fee **payable to BCITS.***

MAILING ADDRESS:

BCITS - The Home Of PROP and TIL

9007 Shaughnessy Street

Vancouver BC V6P 6R9