

BCACC Approved Clinical Supervisor Application

PAYMENT FORM

Applicant Name: _____

BCACC Member Number # _____

Payment Options:

Please select the payment option to submit the one-time non-refundable processing fee of \$100.00.

Cheque: *please send the cheque to the BCACC head office. The address can be found at the bottom of this form.*

Credit Card:

Visa (Credit or Debit)

MasterCard

Cardholder Name (If different from Applicant Name above):

Card Number: _____ Expiry Date: _____

Cardholder Signature: _____ CVC (on back of card): _____