

# 2010 ANNUAL RENEWAL: REGISTERED MEMBERS (PART 1)



NAME: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

## A. PROFESSIONAL DEVELOPMENT

Professional Development Credits (PDC) are calculated bi-annually. The current PDC period covers January 1, 2009 to December 31, 2010, which will require a total of 30 PDCs. If excess credits are accumulated during this period, a maximum of 15 of these credits may be carried forward to the following bi-annual period (2011 - 2012).

PDCs accumulated in 2009: \_\_\_\_\_

## B. PRACTICE INFORMATION

For our **Referral Service**, include all details about your practice and **circle information NOT TO BE INCLUDED** in your listing on our Directory.

NAME: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_

PRACTICE NAME  
& ADDRESS: \_\_\_\_\_

CITY / DISTRICT \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ADDITIONAL PRACTICE  
& ADDRESS: \_\_\_\_\_

CITY / DISTRICT \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE(S): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

HOMEOPATHIC SPECIALITES:  
(e.g., Patient types, Conditions, Languages) \_\_\_\_\_

## C. AGREEMENT

I certify that all information in this Application is accurate; that I am a Canadian citizen or landed immigrant; that I have never been convicted of an indictable offence; and that I will abide by the Society's Professional Standards of conduct, competency, accountability, and professional development as the Board may establish and amend from time to time. I also acknowledge that membership with CSH shall include membership with the Affiliate organization in the province or region in which I live (where applicable).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# 2010 ANNUAL RENEWAL: REGISTERED MEMBERS (PART 2)

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## 1. CONTACT INFORMATION (Complete in Full)

NAME		
ADDRESS		
CITY / DISTRICT	PROVINCE	POSTAL CODE
PHONE(S)	FAX	
E-MAIL		

### I want to assist with:

- Community Building
- Conference
- Fundraising
- Journal
- Legal Fund
- Media Response
- Membership Mailing
- Political Action
- Public Education
- Other:

## 2. ANNUAL REGISTERED RENEWAL FEE: \$185.00

Renewal Fee: \$ \_\_\_\_\_

## 3. MEMBERSHIP DISCOUNTS

- **What Is Homeopathy?** brochure: \_\_\_\_\_ copies @ \$ .10 each = \$ \_\_\_\_\_
- **Homeopathy Awareness** bookmark: \_\_\_\_\_ copies @ \$ .05 each = \$ \_\_\_\_\_
- **Public Education** manual: \_\_\_\_\_ copies @ \$ 10.00 each = \$ \_\_\_\_\_
- **Homeopathy Now** (Journal) back issues: \_\_\_\_\_ copies @ \$ 15.00 each = \$ \_\_\_\_\_

PLUS Handling & Postage = \$ 5.00

TOTAL Literature Costs: \$ \_\_\_\_\_

## 4. DONATIONS

I wish to further support the: \$ \_\_\_\_\_ **Brenda Malin Memorial Fund**

\$ \_\_\_\_\_ **CSH Operating Fund**

\$ \_\_\_\_\_ **CSH Legal Fund**

TOTAL Donations: \$ \_\_\_\_\_

## 5. PAYMENT

TOTAL Payment Owing: \$ \_\_\_\_\_

Make Cheque out to:  
Mail Application & Cheque to:

**Canadian Society of Homeopaths**  
#101 - 1001 West Broadway, Unit 120  
Vancouver, BC V6H 4E4