

# 2010 MEMBERSHIP APPLICATION: SUPPORTING MEMBERS (Students & Friends)



## 1. CONTACT INFORMATION (Complete in Full)

NAME			<b><u>I want to assist with:</u></b> <input type="checkbox"/> Community Building <input type="checkbox"/> Conference <input type="checkbox"/> Fundraising <input type="checkbox"/> Journal <input type="checkbox"/> Media Response <input type="checkbox"/> Membership Mailing <input type="checkbox"/> Political Action <input type="checkbox"/> Public Education <input type="checkbox"/> Other:
ADDRESS			
CITY / DISTRICT	PROVINCE	POSTAL CODE	
PHONE(S)	FAX	E-MAIL	
STUDENTS: NAME OF SCHOOL & CURRENT YEAR			
<b>WHERE DID YOU HEAR ABOUT CSH?</b> (Tick all that apply): <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Homeopath <input type="checkbox"/> Other Health Professional <input type="checkbox"/> CSH E-bulletin <input type="checkbox"/> Previous CSH Mailing <input type="checkbox"/> CSH Website <input type="checkbox"/> Other Internet Sources <input type="checkbox"/> Print Media <input type="checkbox"/> Homeopathy Awareness Events <input type="checkbox"/> Other:			

## 2. AGREEMENT

I acknowledge that membership with CSH shall include membership with the Affiliate organization in the province or region in which I live (where applicable), and that I shall respect the Fundamental Principles contained in the Society's Code of Ethics and Conduct as they pertain to my involvement in homeopathy.

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

## 3. ANNUAL MEMBERSHIP DUES

Students and Friends: **\$45.00**

Membership Dues: \$ \_\_\_\_\_

## 4. MEMBERSHIP DISCOUNTS

- **What is Homeopathy?** brochure: \_\_\_\_\_ copies @ \$ .10 each = \$ \_\_\_\_\_
- **Homeopathy Awareness** bookmark: \_\_\_\_\_ copies @ \$ .05 each = \$ \_\_\_\_\_

PLUS Handling & Postage = \$ **5.00**

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

## 5. DONATIONS

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

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

## 6. PAYMENT

**TOTAL Payment Owning:** \$ \_\_\_\_\_

Make Cheque out to:

**Canadian Society of Homeopaths**

Mail Application & Cheque to: **#101 - 1001 West Broadway, Unit 120, Vancouver, BC V6H 4E4**