

2010 ANNUAL RENEWAL: SUPPORTING MEMBERS (Students & Friends)



1. CONTACT INFORMATION (Complete in Full)

NAME			<u>I want to assist with:</u> <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			
WHERE DID YOU HEAR ABOUT CSH? (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 Owing: \$ _____

Make Cheque out to:

Canadian Society of Homeopaths

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