

# 2019 ANNUAL MEMBERSHIP: SUPPORTING MEMBERS (Students & Friends)



## 1. CONTACT INFORMATION (Complete in Full)

NAME _____		
ADDRESS _____		
CITY / DISTRICT _____	PROVINCE _____	POSTAL CODE _____
PHONE(S) _____	FAX _____	E-MAIL _____
STUDENTS: NAME OF SCHOOL & CURRENT YEAR _____		
NEW APPLICANTS: 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"/> Previous CSH Mailing	<input type="checkbox"/> CSH Website	<input type="checkbox"/> Other Internet Sources
<input type="checkbox"/> Homeopathy Awareness Events	<input type="checkbox"/> Other:	<input type="checkbox"/> CSH E-bulletin
<input type="checkbox"/> Print Media		

### Volunteering! I want to assist with:

- Awareness Month
- Communications
- Fundraising
- Media Response
- Office Assistance
- Political Action
- Public Education
- Social Media
- Other :

## 2. AGREEMENT

I acknowledge that membership with CSH will 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 SUPPORTING MEMBERSHIP DUES (Basic Fee: \$50.00)

Earlybird Discount (ends December 31, 2018): \$40.00

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