

**ANNUAL RENEWAL: ASSOCIATE MEMBERS (PART 1)**

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

Associate membership with the Canadian Society of Homeopaths is granted at any time during the year to qualified homeopaths who meet our entrance requirements. Although Associate membership lasts for 24 months, it must be renewed 12 months after acceptance of the initial application for registration. Extensions to the 24 month duration may be accepted in extenuating personal, family, or professional circumstances.

Associate members have 24 months during which to prepare and submit 5 written cases for assessment. When those have been approved, the registration process concludes with an interview by phone. Following a successful assessment, the candidate pays a pro-rated Activation fee and is granted full benefits of Registered membership. Details of the Registration process are available at [www.csoh.ca/Registration](http://www.csoh.ca/Registration) or by contacting our office below.

**A. PRACTICE INFORMATION**

Some of this information will be used for your listing on the CSH **Directory of Associate Members webpage**, so please **circle information NOT TO BE INCLUDED** in your listing.

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

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

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

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

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

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

E-MAIL(S): \_\_\_\_\_

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

SPECIALTIES & NEW INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. AGREEMENT**

I assert that all information in this Application is accurate; 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. Also, I acknowledge the Society's requirement that involves my completing a police record check and obtaining liability Insurance coverage (minimum \$1 million) before the end of the year.

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

# ANNUAL RENEWAL: ASSOCIATE MEMBERS (PART 2)

## 1. CONTACT INFORMATION (Complete in Full for Internal Communications)

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

**Volunteering!**  
**I want to assist with:**

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

## 2. ANNUAL ASSOCIATE RENEWAL FEE (Regular Fee: \$195.00)

Payable 12 months after acceptance of the initial application for registration.

TOTAL 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 = \$ \_\_\_\_\_
- 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**