

ACTIVATION OF REGISTERED MEMBERSHIP (PART 1)

A. PROFESSIONAL DEVELOPMENT

As a Registered Member, you will be required to maintain your own Professional Development, calculated bi-annually as Professional Development Credits (PDCs). Some Continuing Education from the period during which you were an Associate Member may count towards your PDC Requirements for the current two-year period. Please list details of any homeopathic course, seminar, or online training that you completed recently - including dates, instructor, and topic - on a separate sheet and attach to this form.

B. PRACTICE INFORMATION

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

NAME: _____ CREDENTIALS : _____

PRACTICE NAME
& ADDRESS: _____

CITY / DISTRICT _____ PROVINCE _____ POSTAL CODE _____

SECONDARY PRACTICE ADDRESS: _____

CITY / DISTRICT _____ PROVINCE _____ POSTAL CODE _____

PHONE(S): _____ FAX: _____

E-MAIL(S): _____ WEBSITE: _____

EDUCATION DETAILS: _____

SUMMARY OF HOMEOPATHIC
EXPERIENCE & PRACTICE: _____

DESCRIBE YOUR SPECIALTIES AND
YOUR APPROACH TO HOMEOPATHIC PRACTICE: _____

OTHER HEALTH-RELATED
BACKGROUND: _____

ACTIVATION OF REGISTERED MEMBERSHIP (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. AGREEMENT

I assert 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, accountability, and professional development, as the Board may establish and amend from time to time. Also, I acknowledge the Society's requirement for registered membership that involves my completing a police record check and obtaining a minimum of \$1 million liability insurance coverage before the end of the year.

SIGNATURE: _____

DATE: _____

3. ACTIVATION FEE (Pro-rated on Basic Fee of \$195.00)

Activation Fee: \$ _____

4. 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: \$ _____

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:
Mail Application & Cheque to:

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