

2020 ANNUAL RENEWAL: REGISTERED MEMBERS (PART 1)



NAME: _____ PROVINCE: _____

A. PROFESSIONAL DEVELOPMENT

Professional Development Credits (PDCs) are calculated bi-annually (see our website for details). The current PDC period covers January 1, 2019 to December 31, 2020, requiring a total of 30 PDCs. If excess credits are accumulated during this period, a maximum of 15 of these credits may be carried forward to the following bi-annual period (2021 - 2022). Record your 2019 Professional Development activities on the PDC Calculations form and attach it to your Registered renewal form for 2020.

Estimated PDCs accumulated in 2019: _____

B. PRACTICE INFORMATION

For our **Referral Service**, include all details about your practice. Some of this information will be used for the **CSH website and printed directories**, 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: _____

C. 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: _____

2020 ANNUAL RENEWAL: REGISTERED 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 REGISTERED RENEWAL FEE

Regular Fee	\$195.00
OR	
Earlybird Discount (ends December 31, 2019):	\$150.00
LESS CHC Discount* (available to all Registered members who maintain certification with Council for Homeopathic Certification)	< \$ 25.00 >

TOTAL Renewal Fee: \$ _____

* Copy of current certificate or receipt is required

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**

I wish to further support the: \$ _____ **CSH Operating Fund**

I wish to further support the: \$ _____ **CSH Legal Fund**

TOTAL Donations: \$ _____

5. 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**