

# APPLICATION FOR REGISTERED MEMBERSHIP (PART 1)



Registered Membership with the Canadian Society of Homeopaths is available to all qualified homeopaths who are Canadian citizens or landed immigrants. The initial requirement for Registration is completion of this 2-page Application for Registered Membership and the submission of documentation of education and credentials to verify entrance requirements. Candidates meeting CSH requirements are granted Associate membership, after which they have 24 months during which to submit 5 written cases, followed by a phone interview. After the successful completion of the registration process, the Associate member pays a prorated Activation fee and then receives full benefits of Registered membership. Details of the Registration process are available on the CSH website at [www.csoh.ca/Registration](http://www.csoh.ca/Registration) or by mailing our office below.

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

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

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

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

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EDUCATION DETAILS\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW LONG  
IN PRACTICE? \_\_\_\_\_

SUMMARY OF HOMEOPATHIC  
EXPERIENCE & PRACTICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER HEALTH-RELATED  
BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR SPECIALTIES AND  
YOUR APPROACH TO HOMEOPATHIC PRACTICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* **REMINDER:** Full documentation of education and credentials is required before the Application process can proceed.

# APPLICATION FOR 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 _____
<b>NEW APPLICANTS: WHERE DID YOU HEAR ABOUT CSH?</b> (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. APPLICATION FEE (Regular Fee: \$195.00)

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, accountability, and professional development, as the Board may establish and amend from time to time. I acknowledge the Society's requirement that involves my completing a police record check before the end of the year. I also acknowledge that membership with Canadian Society of Homeopaths will include membership with the Affiliate organization in the province or region in which I live (where applicable).

TOTAL Associate 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**