

ANNUAL ASSOCIATE RENEWAL (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. Contact homeopathy@csoh.ca for details.

CSH Associate members have 24 months during which to prepare and submit 5 written cases for assessment. When these 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 on our website at www.csoh.ca/Registration or by contacting our office below.

PRACTICE INFORMATION:

Please include all details about your practice for our **Referral Service**. However, **circle information NOT TO BE INCLUDED** in your listing on our website's **Directory of Associate Members**.

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: _____

ANNUAL ASSOCIATE RENEWAL (PART 2)



1. CONTACT INFORMATION (Complete in full for internal communications)

NAME _____			Volunteering! I want to assist with: <input type="checkbox"/> Awareness Activities <input type="checkbox"/> Communications <input type="checkbox"/> Fundraising <input type="checkbox"/> Media Response <input type="checkbox"/> Office Assistance <input type="checkbox"/> Political Action <input type="checkbox"/> Public Education <input type="checkbox"/> Social Media <input type="checkbox"/> Other:
ADDRESS _____			
ADDRESS _____			
CITY / DISTRICT _____	PROVINCE _____	POSTAL CODE _____	
PHONE(S) _____			
E-MAIL _____		WEBSITE _____	

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 (including education), as the Board may establish and amend from time to time.

SIGNATURE: _____ **DATE:** _____

3. ANNUAL RENEWAL FEE effective for 12 months **\$ 195.00**

4. MEMBERSHIP DISCOUNTS

CSH members can purchase promotional resources at less than cost.

Resources ordered on separate Membership Benefits sheet \$ _____

PLUS Handling & Postage = \$ **5.00**

TOTAL Resources Cost: \$ _____

5. DONATIONS

I wish to further support the: \$ _____ **Brenda Malin Memorial Fund**

\$ _____ **CSH Operating Fund**

TOTAL Donations: \$ _____

6. PAYMENT

TOTAL Payment Owing: \$ _____

Send Payment to:

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