

**REGISTERED MEMBERSHIP APPLICATION (PART 1)**

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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 pro-rated 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** or by contacting our office below.

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

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

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

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

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.**

# REGISTERED MEMBERSHIP APPLICATION (PART 2)



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

NAME _____			<b>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"/> CSH e-Bulletin <input type="checkbox"/> Previous CSH e-mail <input type="checkbox"/> CSH Website <input type="checkbox"/> Other Internet Sources <input type="checkbox"/> Print Media <input type="checkbox"/> Awareness Events <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, as the Board may establish and amend from time to time. I also acknowledge that the Society encourages all Registered members to obtain a minimum of \$1 million liability insurance coverage.

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

**3. APPLICATION FEE** (effective for 12 months) **\$ 195.00**

## 4. PROMOTIONAL RESOURCES

Promotional resources ordered on separate Membership Benefits sheet: \$ \_\_\_\_\_  
PLUS Handling & Postage = \$ **5.00**  
*TOTAL Resources Cost:* \$ \_\_\_\_\_

## 5. DONATIONS

I wish to further support the CSH Operating Fund: \$ \_\_\_\_\_  
Brenda Malin Memorial 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**