

ASSOCIATE ANNUAL 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 five 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: _____

ASSOCIATE ANNUAL RENEWAL (PART 2)



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

NAME		
ADDRESS		
ADDRESS		
CITY / DISTRICT	PROVINCE	POSTAL CODE
PHONE(S)		
E-MAIL	WEBSITE	

Volunteering! **I want to assist with:**

- Awareness Activities
- 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 (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. 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