

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.

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

A. PRACTICE INFORMATION

Some of this information will be used for your listing on the **Directory of Associate Members webpage**, 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: _____

B. 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, competency, accountability, and professional development as the Board may establish and amend from time to time. I also acknowledge that membership with CSH shall include membership with the Affiliate organization in the province or region in which I live (where applicable).

SIGNATURE: _____ DATE: _____

2017 ANNUAL RENEWAL: ASSOCIATE 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 ASSOCIATE RENEWAL FEE (Regular Fee: \$195.00 / Earlybird discount ending December 31, 2016: \$150.00)

TOTAL Renewal 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:

Canadian Society of Homeopaths

Mail Application & Cheque to: **#101 - 1001 West Broadway, Unit 120, Vancouver, BC V6H 4E4**