

NAME: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

**A. PROFESSIONAL DEVELOPMENT**

Professional Development Credits (PDCs) are calculated bi-annually (see our website for details). The current PDC period covers January 1, 2017 to December 31, 2018, requiring a total of 30 PDCs. If excess credits are accumulated during this period, a maximum of 15 of these credits may be carried forward to the following bi-annual period (2019 - 2020). Record your 2018 Professional Development activities on the PDC Calculations form and attach it to your Registered renewal form for 2019.

Estimated PDCs accumulated in 2018: \_\_\_\_\_

**B. PRACTICE INFORMATION**

For our **Referral Service**, include all details about your practice. Some of this information will be used for the **CSH website and printed directories**, 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. 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. Also, I acknowledge the Society's requirement for registered membership that involves my completing a police record check and obtaining a minimum of \$1 million liability insurance coverage before the end of the year.

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

# 2019 ANNUAL RENEWAL: REGISTERED 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 REGISTERED RENEWAL FEE

**Regular Fee** **\$195.00**  
 OR  
**Earlybird Discount** (ends December 31, 2018): **\$150.00**  
 LESS **CHC Discount\*** (available to all Registered members who maintain certification with Council for Homeopathic Certification) < \$ 25.00 >

**TOTAL Renewal Fee: \$ \_\_\_\_\_**

\* Copy of current certificate or receipt is required

## 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 Owning: \$ \_\_\_\_\_**

Make Cheque out to:

**Canadian Society of Homeopaths**

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