

2020 ANNUAL RENEWAL: SUPPORTING MEMBERS

1. CONTACT INFORMATION (Complete in Full)

NAME _____		
ADDRESS _____		
CITY / DISTRICT _____	PROVINCE _____	POSTAL CODE _____
PHONE(S) _____	FAX _____	E-MAIL _____
STUDENTS: NAME OF SCHOOL & CURRENT YEAR _____		
NEW APPLICANTS: WHERE DID YOU HEAR ABOUT CSH? (Tick all that apply)		
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Homeopath	<input type="checkbox"/> Other Health Professional
<input type="checkbox"/> Previous CSH Mailing	<input type="checkbox"/> CSH Website	<input type="checkbox"/> Other Internet Sources
<input type="checkbox"/> Homeopathy Awareness Events	<input type="checkbox"/> Other:	<input type="checkbox"/> CSH E-bulletin
<input type="checkbox"/> Print Media		

Volunteering!
I want to assist with:

- Awareness Month
- Communications
- Fundraising
- Media Response
- Office Assistance
- Political Action
- Public Education
- Social Media
- Other :

2. AGREEMENT

I acknowledge that membership with CSH will include membership with the Affiliate organization in the province or region in which I live (where applicable), and that I shall respect the Fundamental Principles contained in the Society's Code of Ethics and Conduct as they pertain to my involvement in homeopathy.

SIGNATURE: _____ DATE: _____

3. ANNUAL SUPPORTING MEMBERSHIP DUES (Basic Fee: \$50.00)

Earlybird Discount (ends December 31, 2019): \$40.00

Membership Dues: \$ _____

4. MEMBERSHIP DISCOUNTS

- *What is Homeopathy?* brochure: _____ copies @ \$.10 each = \$ _____
- *Homeopathy Awareness* bookmark: _____ copies @ \$.05 each = \$ _____

PLUS Handling & Postage = \$ 5.00

TOTAL Literature Costs: \$ _____

5. DONATIONS

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

TOTAL Donations: \$ _____

6. 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