

**APPLICATION FOR REGISTERED MEMBERSHIP (PART 1):
STUDENT UP-GRADE**



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 form and the submission of documentation of education and credentials to verify entrance requirements. Candidates meeting the Society's entrance requirements are granted Associate Membership, after which they shall have 24 months in which to submit 5 written cases and be interviewed by phone. Once the Registration process has been completed, the candidate will be required to pay a pro-rated Membership fee for the remainder of the membership year and then will be granted full benefits of Registered membership. Details of the Registration process are available on the CSH website at www.csoh.ca/Registration or by mail by contacting our office below.

NAME: _____ **CREDENTIALS*:** _____

**PRACTICE NAME
& ADDRESS:** _____

CITY / DISTRICT _____ **PROVINCE** _____ **POSTAL CODE** _____

PHONE(S): _____ **FAX:** _____

E-MAIL: _____ **WEBSITE:** _____

EDUCATION DETALIS*: _____

_____ **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.

APPLICATION FOR REGISTERED MEMBERSHIP (PART 2): STUDENT UP-GRADE

1. CONTACT INFORMATION (Complete in Full)

NAME		
ADDRESS		
CITY / DISTRICT	PROVINCE	POSTAL CODE
PHONE(S)	FAX	E-MAIL
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"/> CSH E-bulletin <input type="checkbox"/> Previous CSH Mailing <input type="checkbox"/> CSH Website <input type="checkbox"/> Other Internet Sources <input type="checkbox"/> Print Media <input type="checkbox"/> Homeopathy Awareness Events <input type="checkbox"/> Other:		

<p><i>I want to assist with:</i></p> <input type="checkbox"/> Community Building <input type="checkbox"/> Conference <input type="checkbox"/> Fundraising <input type="checkbox"/> Journal <input type="checkbox"/> Media Response <input type="checkbox"/> Membership Mailing <input type="checkbox"/> Political Action <input type="checkbox"/> Public Education <input type="checkbox"/> 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, 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: _____

3. APPLICATION FEE (Non-Refundable): \$ 85.00 (2010 CSH Student Member in Good Standing) \$ 125.00 (2010 Non-Member)

Application Fee: \$ _____

4. 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: \$ _____

5. DONATIONS

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

TOTAL Donations: \$ _____

6. 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