

# 2025 REGISTERED ANNUAL RENEWAL (PART 1)



**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, 2023 to December 31, 2024, 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 (2025-2026). Record your 2024 Professional Development activities on the PDC Calculations form and attach it to your Registered Renewal form for 2025.

**Estimated PDCs accumulated in 2024:** \_\_\_\_\_

## B. PRACTICE INFORMATION

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 Registered Members**.

NAME: \_\_\_\_\_ CREDENTIALS : \_\_\_\_\_

PRACTICE NAME  
& ADDRESS: \_\_\_\_\_

CITY / DISTRICT \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ADDITIONAL  
PRACTICE ADDRESS: \_\_\_\_\_

CITY / DISTRICT \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE(S): \_\_\_\_\_ 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. I also acknowledge that the Society encourages all Registered members to obtain a minimum of \$1 million liability insurance coverage.

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

# 2025 REGISTERED 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. ANNUAL RENEWAL FEE

### Regular Fee

**\$195.00**

OR **Regular Fee with Earlybird Discount** (ends December 31, 2024)

**\$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 CHC certificate or receipt is required**

## 3. PROMOTIONAL RESOURCES

Promotional resources ordered on separate Membership Benefits sheet: \$ \_\_\_\_\_

PLUS Handling & Postage = \$ **5.00**

*TOTAL Resources Cost:* \$ \_\_\_\_\_

## 4. DONATIONS

I wish to further support the CSH Operating Fund: \$ \_\_\_\_\_

Brenda Malin Memorial Fund: \$ \_\_\_\_\_

*TOTAL Donations:* \$ \_\_\_\_\_

## 5. PAYMENT

**TOTAL Payment Owing:** \$ \_\_\_\_\_

Send Payment to:

**Canadian Society of Homeopaths**  
**#101 - 1001 West Broadway, Unit 120**  
**Vancouver, BC V6H 4E4**