

## ACTIVATION OF REGISTERED MEMBERSHIP (PART 1)

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### A. PROFESSIONAL DEVELOPMENT

As a Registered Member, you will be required to maintain your own Professional Development, calculated bi-annually as Professional Development Credits (PDCs). Some Continuing Education from the period during which you were an Associate Member may count towards your PDC Requirements for the current two-year period. Please list details of any homeopathic course, seminar, or online training that you completed recently - including dates, instructor, and topic - on a separate sheet and attach to this form.

### B. PRACTICE INFORMATION

For our **Referral Service**, include all details about your practice and circle information NOT TO BE INCLUDED in the Directory.

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

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

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

SECONDARY PRACTICE ADDRESS: \_\_\_\_\_

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

PHONE(S): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL(S): \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EDUCATION DETAILS: \_\_\_\_\_

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SUMMARY OF HOMEOPATHIC  
EXPERIENCE & PRACTICE: \_\_\_\_\_

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DESCRIBE YOUR SPECIALTIES AND  
YOUR APPROACH TO HOMEOPATHIC PRACTICE: \_\_\_\_\_

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OTHER HEALTH-RELATED  
BACKGROUND: \_\_\_\_\_

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# ACTIVATION OF REGISTERED MEMBERSHIP (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. 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: \_\_\_\_\_

## 3. ACTIVATION FEE (Pro-rated on Basic Fee of \$195.00)

Activation 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**