



Membership Renewal Application

The mission of the BC Association of Homeopaths is to support homeopathic practitioners in attaining and maintaining high professional standards, and to promote the development of homeopathy as a distinct profession.

Name: _____ Date: _____

Designation: _____ Membership Number: _____

Primary Email: _____

Primary Mail Choice: Home Office #1 Office #2

Office Address #1: _____

City: _____ Province: _____ Postal Code: _____

Phone #1: _____ Website #1: _____

Add Office Address #1 to BCAH website directory? Yes No

Add Phone #1 to BCAH website directory? Yes No

Add Website #1 to BCAH website directory? Yes No

Office Address #2: _____

City: _____ Province: _____ Postal Code: _____

Phone #2: _____ Website #2: _____

Add Office Address #2 to BCAH website directory? Yes No

Add Phone #2 to BCAH website directory? Yes No

Add Website #2 to BCAH website directory? Yes No

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Continuing Education Credits (CEU's):

List recent homeopathic seminars, workshops or conferences attended for required Continuing Education Units and include copies of certificates:

<u>Programme</u>	<u>Location</u>	<u>Name of Teacher</u>	<u>CEU's credited</u>
(1) _____	_____	_____	_____
_____	_____	_____	_____
(2) _____	_____	_____	_____
_____	_____	_____	_____
(3) _____	_____	_____	_____
_____	_____	_____	_____

Code of Ethics:

I have read the BC Association of Homeopaths Code of Ethics, and I affirm that I will practice in a manner consistent with the highest professional integrity and will adhere to the BC Association of Homeopaths Code of Ethics.

Signature

Date

BCAH Membership:

Suite 352 - 71 West 2nd Avenue
Vancouver, BC V5Y 0J7

E: membership.bcah@gmail.com
W: www.bchomeopathy.ca