



MEMBERSHIP APPLICATION / RENEWAL FORM 2017



Membership Period – January 1 to December 31, 2017

Name: _____ Date of Birth: _____ / _____ / _____
Surname First Middle (For identification purposes) Day Month Year

Certificate Number (if applicable): _____ Year Issued: _____

Home Address: _____
Street Address City / Town Province Postal Code

Home Phone #: _____ / _____ Home Email Address: _____
Area Code

Present Employer *: _____ Work Phone #: _____ / _____ Ext. _____
Agency Area Code

Fax #: _____ / _____ Work Email Address: _____
Area Code

Employer Address: _____
Street Address City / Town Province Postal Code

* Please enter your school if you are applying for student membership.

On the table below, please **circle the dues amount** that corresponds with the Branch and Membership Type you wish to apply for. If you reside outside of Canada please select International Membership.

NOTE: The branch is the province in which you reside unless you live in Quebec, Northwest Territories, Nunavut, or Yukon. For Quebec, please select New Brunswick; for NWT and Nunavut, please select Alberta; and for Yukon please select British Columbia.

Membership Type	Branch							
	British Columbia*	Alberta*	Saskatchewan	Manitoba	Ontario	New Brunswick*	Nova Scotia / PEI*	NL
Tax Rate	5%	5%	5%	5%	13%	15%	15%	15%
Regular Dues (by branch)	\$200.00 plus tax	\$200.00 plus tax	\$200.00 plus tax	\$200.00 plus tax	\$200.00 plus tax	\$200.00 plus tax	\$195.00 plus tax	\$190.00 plus tax
Total Dues With Taxes	\$210.00	\$210.00	\$210.00	\$210.00	\$226.00	\$230.00	\$224.25	\$218.50
Retired Dues \$50.00	\$52.50	\$52.50	\$52.50	\$52.50	\$56.50	\$57.50	\$57.50	\$57.50
Student Dues \$50.00	\$52.50	\$52.50	\$52.50	\$52.50	\$56.50	\$57.50	\$57.50	\$57.50
Fraternal Dues \$120.00	\$126.00	\$126.00	\$126.00	\$126.00	\$135.60	\$138.00	\$138.00	\$138.00
International Dues	\$105.00 (taxes not applicable)							

* CIPHI is required to collect the higher tax rate of the participating provinces / territories.

GST / HST Registration Number: 101766484

Payment is made by:

- Cheque (Payable to CIPHI)
- Credit Card
- Money Order
- Employer (Cheque or Credit Card Info Attached)
- Payroll Deduction (Contact your HR Dept. for Payment Set Up)

Credit Card Type: Visa MasterCard American Express

Number on Card: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Name on Card: _____

Continuing Professional Competencies Declaration – I am aware that if I hold a CPHI(C), then to be eligible for regular or international membership in CIPHI, I must participate in the Continuing Professional Competencies program and I am required to maintain records of my annual professional development hours on the Member Service Centre (<http://www.ciphi.ca/info-centre/continuing-professional-competencies-cpc-program/>). I am aware that this is not required for other membership types.

Code of Ethics Declaration – I have read the CIPHI Code of Ethics (<http://www.ciphi.ca/pdf/codeofethics.pdf>) and as a member of CIPHI acknowledge my moral obligation to uphold these ethics in a manner worthy of the Environmental / Public Health profession.

Release of Information Declaration – I am aware that my personal information will be used in accordance with CIPHI's privacy policy, National Operating Policy 2 (<http://www.ciphi.ca/pdf/NOP2.pdf>).

In accordance with this policy, by checking the following boxes I give permission for CIPHI to provide my name and contact information to CIPHI stakeholders for the purposes of: CIPHI Fundraising Information to Corporate / Affiliate Members

My signature below confirms I have read and understand the above declarations and hereby make application for Membership in the Canadian Institute of Public Health Inspectors. This application implies that membership is to continue until resignation is tendered, or until membership is discontinued under the conditions contained in the By-Laws of the Institute.

In addition, I authorize to have the credit card above debited for the selected amount, if I have selected that method of payment.

Printed Name _____ Signed Name _____ Date _____