



CORPORATE / AFFILIATE MEMBERSHIP APPLICATION FORM

We 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.

Company Name (to appear on certificate): _____

Contact Name: _____ Direct Bus. Phone #: _____ / _____ Ext. _____
Area Code

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

Bus. Phone #: _____ / _____ Cellular #: _____ / _____
Area Code Area Code

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

Code of Ethics - As a Member of the Canadian Institute of Public Health Inspectors, we acknowledge:

- That we have an obligation to the sciences and arts for the advancement of public health. We will uphold the standards of our profession, continually search for truths, and disseminate our findings; and we will strive to keep fully informed of the developments in the field of Public Health.
- That we have an obligation to the public whose trust we hold and we will endeavour, to the best of our ability, to guard their interests honestly and wisely. We will be loyal to the government division or industry by which we are retained.
- That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- That being loyal to our profession, we will uphold the constitution and By-laws of the Canadian Institute of Public Health Inspectors and will, at all times, conduct ourselves in a manner worthy of our profession.

I have read the above and support joining as a Corporate / Affiliate member. The goals of our organization complement those found in the aforementioned code.

Signature: _____ Dated: _____

Corporate Membership: Corporate Members shall be persons or corporations who derive benefits of information, education and self-promotion through membership in the Institute. Such members shall have neither voting privileges nor the right to hold office, nor shall such members be responsible for the debts and liabilities of the Institute. Such membership shall be at the pleasure of the Institute.

Affiliate Membership: Individuals or non-profit organizations may be eligible for Affiliate Membership if they share a common interest in the field of environmental health and wish to work toward a unified voice on issues of common interest. Affiliate Members shall have neither voting rights nor the right to hold elected office.

Please indicate the type of membership you require: **Corporate** (CDN\$ 600.00 + tax) **Affiliate** (CDN\$ 250.00 + tax)

On the table below, please circle the dues amount that corresponds to the branch and membership type you wish to apply for.

Branch	Alberta, Manitoba	Ontario	New Brunswick	Outside Canada
	British Columbia		Newfoundland	
	Saskatchewan		Nova Scotia & Prince Edward Island **	
Tax Rate	5%	13%	15%	N / A
Corporate	\$630.00	\$678.00	\$690.00	\$600.00
Affiliate	\$262.50	\$282.50	\$287.50	\$250.00

*** CIPHI is required to collect the higher of the two participating provinces*

NOTE: As of October 15, 2012, membership prices now include taxes based on location of membership.

We would like our membership to commence (specify month / year): _____

- Payment is made by:
- Cheque (attached, payable to CIPHI)
 - Credit Card
 - Money Order (attached)

GST/HST Registration Number: 100766484

Credit Card Type: Visa MasterCard American Express

Number on Card: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

