



# MEMBERSHIP APPLICATION / RENEWAL FORM 2023



Membership Period – January 1 to December 31, 2023

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	<b>\$210.00</b>	<b>\$210.00</b>	<b>\$210.00</b>	<b>\$210.00</b>	<b>\$226.00</b>	<b>\$230.00</b>	<b>\$224.25</b>	<b>\$218.50</b>
Retired Dues \$50.00	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$56.50</b>	<b>\$57.50</b>	<b>\$57.50</b>	<b>\$57.50</b>
Student Dues \$50.00	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$52.50</b>	<b>\$56.50</b>	<b>\$57.50</b>	<b>\$57.50</b>	<b>\$57.50</b>
Fraternal Dues \$120.00	<b>\$126.00</b>	<b>\$126.00</b>	<b>\$126.00</b>	<b>\$126.00</b>	<b>\$135.60</b>	<b>\$138.00</b>	<b>\$138.00</b>	<b>\$138.00</b>
International Dues	<b>\$105.00</b> (taxes not applicable)							

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

GST / HST Registration Number: 100766484

Payment is made by:

- Cheque (Payable to CIPHI)
- Credit Card
- Money Order
- Employer (Cheque or Credit Card Info Attached)

Credit Card Type:  Visa  MasterCard  American Express

Number on Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_

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 \_\_\_\_\_