

**LCSP CANADIAN BRANCH**

86D 8<sup>th</sup> St NW

Medicine Hat AB T1A 6N9

Phone#: (403)504-6212 call or text only

lcsp.cdn.br@gmail.com

**MEMBERSHIP RENEWAL FORM**

**2017**

NAME: \_\_\_\_\_ LCSP# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV. \_\_\_\_\_ PC: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL. PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

**Proof of Membership with another Governing Body must be submitted with Renewal Form.**

\_\_\_\_ Proof of Membership in another Governing Body

**SEND UPDATED INFO: (for Full Members only)**

(to complete your file):

\_\_\_\_ Cont.Ed. Certificates      \_\_\_\_ Business Cards/Brochures      \_\_\_\_ CPR/First Aid Certificate

\_\_\_\_ Proof of Liability and Malpractice Insurance

**CATEGORIES & FEES:**

\_\_\_\_ Full Membership - \$315.00  
(\$300 plus GST - \$15.00)

\_\_\_\_ Non-Practicing Membership - \$52.50  
(\$50 plus GST - \$2.50)

\_\_\_\_ Affiliated Membership - \$105.00  
(\$100 plus GST - \$5.00)

\_\_\_\_ Honorary Membership

(for those who are REGISTERED MEMBERS with another GOVERNING body in their province)

\_\_\_\_ Fellow Membership

\_\_\_\_ Student Membership- Free

\_\_\_\_ Retired

**MEMBERSHIPS ARE DUE JANUARY 1 – Please complete the membership Renewal Form and send along with your payment to the above address. Deadline for receipt of payment is January 31, 2017.**

**FORM OF PAYMENT:**    [ ] Cheque            [ ] Money Order            [ ] e-Transfer  
(Make payable to LCSP Canadian Branch)

Credit Card \_\_\_\_\_ Exp \_\_/\_\_\_      5% surcharge added for use.