



I hereby make application for Membership (see list below) 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.

CPHI(C) Certificate #: _____ Year Issued: _____ How many years have you been a member of CIPHI? _____

No Changes From Last Year Yes, Changes – See Below (Complete section below only if personal information has changed.)

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

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

By checking the following boxes, the application / undersigned does not give permission for CIPHI to provide his / her name and contact information to CIPHI stakeholders and corporate / affiliate members for the purposes of: CIPHI fundraising Information from Corporate / Affiliate members

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

That I have moral obligations relating to my professional practice in return for the trust given to me by society. I am obliged to uphold the law and to act to protect the public's health, follow the Constitution, the Bylaws, the Standards of Practice of CIPHI, and conduct myself in a manner worthy of the environmental public health profession and practice in accordance with these fundamental principles and ethics including:

- Promoting Justice
- Being Accountable
- Maintaining Privacy & Confidentiality
- Promoting Evidence-Informed Decision Making
- Promoting Health, Well-Being & Collaboration
- Competent Practice

My signature hereon constitutes a realization of my personal commitment to the Code of Ethics of CIPHI.

* Signature: _____ * Date: _____

Please check the type of membership you require: Regular Student Retired Fraternal International

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

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 branch; for the NWT and Nunavut, please select Alberta branch; and for the Yukon, please select British Columbia branch.

- If you reside outside Canada and do not hold a CPHI(C) certificate, please select International membership.

Membership Type	Branch							
	British Columbia**	Alberta**	Saskatchewan	Manitoba	Ontario	New Brunswick	Nova Scotia / PEI**	NFLD / Labrador
Tax Rate	5%	5%	5%	5%	13%	13%	15%	13%
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	\$226.00	\$224.25	\$214.70
Retired Dues \$50.00	\$52.50	\$52.50	\$52.50	\$52.50	\$56.50	\$56.50	\$57.50	\$56.50
Student Dues \$50.00	\$52.50	\$52.50	\$52.50	\$52.50	\$56.50	\$56.50	\$57.50	\$56.50
Fraternal Dues \$120.00	\$126.00	\$126.00	\$126.00	\$126.00	\$135.60	\$135.60	\$138.00	\$135.60
International Dues Non-CPHI(C) Holder	\$105.00 (taxes not applicable)							

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

*** Payment is made by:**

- Personal 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)

HST REGISTRATION NUMBER: 101766484

Credit Card Type: Visa MasterCard American Express

Number on Card: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

Please forward application & payment to: CIPHI, #720 – 999 West Broadway, Vancouver, BC V5Z 1K5 Canada
Phone: 604-739-8180 (Toll free: 1-888-245-8180) • Fax: 604-738-4080 • Email: office@ciphi.ca

