

# APPLICATION FOR CERTIFIED MEMBERSHIP



## YOUR PERSONAL DETAILS

## YOUR EMPLOYMENT DETAILS

Title:		Organization Name:
First Name:	Last Name:	Job Title:
Home Address:		Work Address:
City:		City:
Province:		Province:
Postal Code:		Postal Code:
Tel:		Work Tel:
Email:		Work Email:

What is your preferred email for correspondence?

Home

Work

What is your preferred postal address for correspondence?

Home

Work

## EDUCATION AND PROFESSIONAL QUALIFICATIONS

Please attach evidence that you have successfully completed the **Social Housing Management Certificate** at [Langara College](#).

If you completed the program *prior* to 2011, please complete the following sections:

Practitioner Experience		
Please tell us about your employment history or attach a copy of your resume. If you are currently working in a voluntary position in housing, please specify the organization and your role.		
Employer	Position	Date

Continuous Professional Development		
Please include details about any programs, courses or workshops you have completed that relate to your work in the industry.		
Program or Course Title	Educational Institution/Provider	Date Awarded

## PAYING FOR YOUR MEMBERSHIP

The full subscription rates are chargeable from January to December. If you join after January you will only pay a proportion of the full fee which is equivalent to the number of months remaining to the end of December that year. You will then be automatically billed for the full year subscription from the following January.

All fees are due in full at the point of applying and are non-refundable. Your proportional fee should be calculated from the start of the month following your application.

Cheques should be made payable to **CIH Canada** and forwarded with your completed application form to the address at the bottom of the application form.

<b>Certified Member Fees</b>	<b>Annual</b> <input type="checkbox"/>	<b>February</b> <input type="checkbox"/>	<b>March</b> <input type="checkbox"/>	<b>April</b> <input type="checkbox"/>	<b>May</b> <input type="checkbox"/>	<b>June</b> <input type="checkbox"/>
	\$300.00	\$275.00	\$250.00	\$225.00	\$200.00	\$175.00
	<b>July</b> <input type="checkbox"/>	<b>August</b> <input type="checkbox"/>	<b>September</b> <input type="checkbox"/>	<b>October</b> <input type="checkbox"/>	<b>November</b> <input type="checkbox"/>	<b>December</b> <input type="checkbox"/>
	\$150.00	\$125.00	\$100.00	\$75.00	\$50.00	\$25.00

Total Membership Fees Due: \$ \_\_\_\_\_

- Cheque enclosed  
 I would like to pay by credit card (send me an invoice)

## DECLARATIONS

I declare that the particulars given in this form are true and complete in all respects. I undertake, if accepted, to observe the provisions of the Charter & Bylaws and to abide by its Code of Professional Conduct as a condition of membership of the Chartered Institute of Housing and to contribute, if I am able, to the activities of CIH.

Signature of applicant:	Date:
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## CIH DATA PROTECTION STATEMENT

In making this application your contact details will be stored on our database. As you are a member of CIH, we and our provincial CIH Canada partners will use these details to provide you with information and benefits relevant to your membership. From time to time membership details are passed to third parties for the sole purpose of providing you with products and services that you receive as part of your membership. The CIH does not sell its membership lists to any other organisation for marketing purposes. We will also use the data for the purposes of providing you with information about other CIH products and services that may be of interest to you. You can change your preferences for the type of communication you receive from us at [www.cih.org/mycih](http://www.cih.org/mycih)

If you would prefer not to be informed of CIH products in the future (excluding any information relevant to your membership) then please tick the box

Please return your completed application form and cheque to:

CIH Canada Membership  
 30 Duncan Street, Suite 500  
 Toronto, Ontario M5V 2C3

T: 416-594-9325 ext. 283  
 1-866-268-4451 ext. 283  
 E: [cihcanada\\_info@cih.org](mailto:cihcanada_info@cih.org)  
 W: [www.cihcanada.ca](http://www.cihcanada.ca)