

General Registrant Renewal Form

Please note: Registration Renewal form must be submitted annually upon renewal even if there are no changes. Please highlight or circle any changes to your contact information from last year.

Name:	
Home Address	
Street / Apt:	City:
Province:	Postal Code:
Phone: _____ Alternate Phone: _____	Preferred Email:
Current Employment (if applicable)	
Position Title:	
Organization:	
Area of Practice:	
Street:	City:
Province:	Postal Code:
Phone: _____ Email: _____	Employment Status: Full-Time Part-Time Self-employed

Do you practice in other provincial jurisdictions: Yes No

If yes, please indicate jurisdictions: _____

Method of Payment: Cheque Money E-transfer

- I verify** that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for disqualification of my renewal for membership
- I agree** to notify the CDPEI Registrar within thirty (30) days if there are any changes to the information contained within this form.

Signature: _____ Date: _____