



# COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

## 2010 Non-Practicing Registrant Renewal Application

The annual non-practicing registration fee deadline for 2010 is January 1, 2010.

I am applying to renew my status as a non-practicing registrant for 2010. As a non-practicing registrant, I understand I will not practice naturopathic medicine in the province of British Columbia.

### \* **REQUIRED INFORMATION - Please Print**

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Age : \_\_\_\_\_ Date of Birth : (dy)\_\_\_\_/(mo)\_\_\_\_/(yr)\_\_\_\_ Clinic Name: \_\_\_\_\_

Work Address : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_ - \_\_\_\_\_

Telephone : (Work) \_\_\_\_\_ Fax : (Work) \_\_\_\_\_

Home Address : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_ - \_\_\_\_\_

Telephone : (Home) \_\_\_\_\_ Fax : (Home) \_\_\_\_\_

### \* **OPTIONAL INFORMATION - Please Print**

Email : \_\_\_\_\_ Website : www. \_\_\_\_\_

### **PAYMENT OPTIONS**

Please check the box of your choice for the method of payment.

I elect to pay the annual non-practicing registration fee in one payment of \$200.00; my cheque dated January 1, 2010 is enclosed.

I elect to pay the annual non-practicing registration fee in one payment of \$200.00 from my Visa/MC account (as identified below) on January 1, 2010.

Visa/MC Account # \_\_\_\_\_ Expiry date (mo)\_\_\_\_/(yr)\_\_\_\_\_

The CNPBC appreciates your cooperation in this matter.

Registrant's signature: \_\_\_\_\_ Date : (mo)\_\_\_\_/(dy)\_\_\_\_\_