

## 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.

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

Do you practice in other provincial jurisdictions:      Yes      No

If yes, please indicate jurisdictions: \_\_\_\_\_

Method of Payment:      Cheque      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: \_\_\_\_\_