**Membership renewal**

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| --- | --- |
| **Name** |  |
| **Phone** |  |
| **E-mail** |  |

**CEUs:**

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| --- | --- |
| **Hours** | **Nature** |
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**Relevant new certifications:**

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| --- | --- |
| **Course name** |  |
| **Institute** |  |
| **Year** |  |
| **Additional comments** |  |

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| --- | --- |
| **Course name** |  |
| **Institute** |  |
| **Year** |  |
| **Additional comments** |  |

**Relevant practice/experience:**

|  |  |
| --- | --- |
| **Nature of work** |  |
| **Institute** |  |
| **Years** |  |
| **Additional comments** |  |

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| --- | --- |
| **Nature of work** |  |
| **Institute** |  |
| **Years** |  |
| **Additional comments** |  |

**Additional comments and feedback for the LSH:**

**I hereby certify that the information contained in this application is correct to the best of my knowledge. I understand that falsifying information is grounds for refusing my membership, or for dismissal after acceptance.**

**I authorize any person or organization listed as reference in this application to provide any and all information concerning employment, education and qualifications. I also authorize the Syndicate to request and receive such information.**

**I agree to abide by the rules and regulations of the LSH and understand that**

**these rules may be changed, withdrawn, added or interpreted at any time.**

**I also agree to adhere to the Code of Ethics.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_