



CSHP

COUNCIL FOR SEXUAL HEALTH PROFESSIONS NPC

Reg. No. 2016/199573/08

**APPLICATION for
MEMBERSHIP 2023**

Who are allowed to apply for membership?

Any person or organisation who supports, promotes and upholds the Constitution and Objectives of the COUNCIL (Professional Body), who has provided proof of his/her profession and who has completed a written membership application form.

**Applying
for:**
(tick box or
describe)

Professional Members (Category A)	A1 Sexologist	
	A2 Therapist of Sexuality	
	A3 Counsellor of Sexuality	
Members Related Professions (Category B)	Other Sexual Health Professionals from Related Professions	
Student Members (Category C)	Registered Students of Sexology: Postgraduate (PG) or Undergraduate (UG) student in sexology, registered at the Academy of Sexology International, (or at any other Higher Education Institution which is approved by the COUNCIL to do sexology training	
Associate Membership (Category D)	Any person, body, institute, organization, stakeholder, partner, company or business, who wants to associate with the COUNCIL, who can add value to the Objectives of the Council and abides by the Constitution	

Title:

Full Names:

Postal Address:

.....

Postal code.....

Phone number: Mobile number:

Email:

QUALIFICATIONS:

OCCUPATION:

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS:

.....
.....

TRAINING RECEIVED IN OR CURRENTLY UNDERTAKEN IN BROAD AREA OF SEXUAL HEALTH:

.....
.....

CURRENT AREA(S) OF PROFESSIONAL INTEREST:

.....

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR OR YOUR ORGANISATION’S WORK (IF ANY) IN THE AREAS OF SEXUAL HEALTH OVER THE PAST FIVE YEARS

.....
.....
.....
.....
.....

By signing this form, it indicates that you wish to apply for membership of CSHP and abides by its CONSTITUTION and CODE OF CONDUCT .

Signed..... Date:

PLEASE ATTACH 1-2 PAGES TO PROVE THAT YOU ARE WHO YOU CLAIM TO BE.

Email to: ceo@cshp.co.za or exco@cshp.co.za

OFFICE USE ONLY

NOMINATED BY CSHP Position

SIGNATURE Date:.....

APPROVED/DECLINED..... Date:.....

Comments:		
Professional Members (Category A)	Sexologists: Therapists of Sexuality: Counsellors of Sexuality:	R 1,800.00 R 1,500.00 R 1,200.00
Members Related Professions (Category B)	Other Sexual Health Professionals from Related Professions:	R 1,200.00
Student Members (Category C)	Registered Students of Sexology:	R 350.00
Associate Membership (Category D)	Any person, body, institute, organization, stakeholder, partner, company or business, who wants to associate with the COUNCIL, who can add value to the Objectives of the Council and abides by the Constitution:	Groups R 2000 Individuals R 500

All membership fees are due at the 1st of January each year.

Payments to CSHP: Bank: FNB, Woodlands Branch, Code (230732), Swift code (FIRNZAJJ)

Current account, Account No: 62638949779

Membership is managed by the Executive Committee (EXCO) and can be terminated either way by giving one-month notice. The Executive Committee (EXCO) may terminate a member's membership if a breach of the code of ethics has occurred.