



Canadian Society of Respiratory Therapists

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E-mail: membership@csrt.com

CSRT MEMBERSHIP FORM

THE CSRT MEMBERSHIP YEAR RUNS FROM
APRIL 1, 2012 THROUGH MARCH 31, 2013

Last Name, First Name:

A. CONTACT INFORMATION

Mr. Miss Ms. Mrs. Gender: M F
Surname: Tel (W)
First name: Tel (H)
Address: Cell:
City: Fax:
Province: Email:
Postal code: DOB (mm/dd/yy)

CURRENT EMPLOYER

Name:
Address:
City:
Province:
Postal code:

B. FOR RENEWING MEMBERS ONLY

Table with columns: Membership Categories, COST, TOTAL. Includes Registered Member (\$180) and Associate Member (\$180).

Specific Areas of Practice: Anesthesia Assistant, Leadership, Neonatal/Pediatric, Educator, Home/Community Care

C. FOR NEW MEMBERS ONLY

Table with columns: Registered Member, Associate Member, COST, TOTAL. Includes details for new members and a 'Total Dues' row.

D. OTHER FEES/ORGANIZATIONS

Table with columns: Provincial Associations, Regulatory Bodies, Other, COST, TOTAL. Lists fees for BCSRT, RTSO, NLART, and various regulatory bodies.

ID#

Reg#

E. PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance is only offered to Registered Members

In choosing to apply for the Liability Insurance Plan, the undersigned declares that she or he has never been the recipient of a claim which could be covered under the present policy, or is not aware of any circumstances which could lead to a claim under the present policy.

		BASIC	ON (tax incl)	QC (tax incl)	TOTAL
<input type="checkbox"/> Option 1: Basic Professional Liability - \$2M incident / \$4M aggregate Disciplinary Defense - \$175K incident / \$175K aggregate Criminal Defense Reimbursement - \$200K incident / \$200K aggregate	Annual Rate	\$ 56.00	\$ 60.48	\$ 61.04	\$
<input type="checkbox"/> Option 2: Basic Professional Liability - \$5M incident / \$5M aggregate Disciplinary Defense - \$175K incident / \$175K aggregate Criminal Defense Reimbursement - \$200K incident / \$200K aggregate	Annual Rate	\$ 86.00	\$ 92.88	\$ 93.74	\$
Total Professional Liability Insurance					\$

F. DEBIT PLAN

The Debit Plan is only offered to Registered and Associate Members (offered for full year membership only.)

Administration Fee: Total fees less than \$300 = \$20 Total fees \$300 or greater = \$40

Total Debit Plan Amount

\$

Debit Plan Authorization: Monthly payments deducted directly from your bank account on the 28th of each month, beginning March 28th. If the 28th day of the month is a weekend or holiday, your account will be debited the next business day.

I authorize the CSRT to debit my account in monthly installments, beginning March 28, 2012 until December 28, 2012, for the total amount owing of \$ _____ . I have attached a blank cheque marked VOID to this form.

Signature _____

Date _____

G. TOTAL AMOUNT DUE

	TOTAL
Membership fee – <i>A late fee of \$15 applies to renewals received after April 13th</i>	\$
Professional Liability Insurance	\$
Debit Plan – Administration fee	\$
Other fee/Organization	\$
TOTAL AMOUNT DUE	\$

H. NEW AUTOMATIC MEMBERSHIP RENEWAL

Save time and choose to have your membership renewed every year! In choosing to have your membership auto renewed, you are authorizing the CSRT to renew all items you have currently selected this year to be renewed in the following membership year. Please note auto renewals will start to be processed as of January 5th in the new membership year to accommodate members who also renew dues paid to regulatory bodies. CSRT membership dues are non-refundable.

Yes, sign me up for automatic membership renewals **No**, I am not interested at this time

I. METHOD OF PAYMENT

Please make Canadian cheques or money orders payable to CSRT (\$25 fee for NSF items). Refund policy: CSRT membership dues are non-refundable. If more than two NSF occur your membership and insurance will be cancelled.

Canadian cheque VISA Mastercard Canadian Money Order Debit plan

Card Number

Expiry Date (m/y)

Signature _____

Date _____

J. ADDITIONAL INFORMATION

CSRT Communications

- I do not wish to receive issues of the CJRT.
- I prefer correspondence from CSRT by e-mail where possible.
- Please send future correspondence in French where possible.

NSF Payments (non-sufficient funds): CSRT will notify of NSF payments within 5 business days. The CSRT member will have 30 days from the date of notification to pay the amount owed + a \$25.00 administration fee by certified cheque, money order or credit card. This process will be implemented for each NSF incidence. Should the individual fail to pay within 30 days, the CSRT will send a notification within 5 business days to advise that this current year's membership will be cancelled, and other parties for which the membership applies (such as provincial associations, regulatory body, liability insurance) will be informed within 14 days of cancelled membership status.

Privacy Statement: Personal information provided upon registration or renewal will be collected and protected under applicable privacy laws. Information collected is used in maintaining your membership in the CSRT, corresponding with you and distributing information about CSRT services and products as well as those of our affiliates. Personal information collected may be used or disclosed for other operational purposes that are consistent with the mission of the CSRT or as required by federal or provincial legislation. For further information about this collection and use of personal information, contact the CSRT Executive Director at 1-800-267-3422.

I, the undersigned, hereby certify that the information provided is accurate and true. I authorize the CSRT to pursue additional inquiries required to complete this application process.

Signature _____

Date _____