



Last Name, First Name: _____

ID# _____

Reg# _____

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. MEMBERSHIP CATEGORIES

Registered Member: an individual holding a valid certificate of registry from the Society, who has paid the applicable annual dues and has received the approval of the Board.

\$170

\$

Print name as you wish it to appear on your registry certificate. English French

Name: _____

Are you a member of a regulatory body?

Yes If yes, please specify the regulated province and body:

Ontario/CRTO # _____ Alberta/CARTA # _____

Manitoba/MARRT # _____ Nova Scotia/NSCRT # _____

Saskatchewan/SCRT # _____ New Brunswick/NBART # _____

Québec/OPIQ # _____

No If no, the following documents are required and must be attached to the form:

- Proof of graduation from a CoARTE-approved respiratory therapy program
- Proof of successful completion of the exam as provided through the Canadian Board for Respiratory Care (CBRC)

Please answer the following questions.

All yes answers must be accompanied by a detailed explanation (please attach).

1. Have you ever been charged with a criminal offence for which you have not been pardoned?
 Yes No

2. If you hold a professional or other designation, have you ever had your certificate, license, registration or other authority rejected, revoked, suspended or modified?
 Yes No

Associate Member: an individual not holding a certificate of registry from the Society, who has paid the applicable annual dues and has received the approval of the Board.

\$160

\$

If applying for the national certification exam, an additional registry fee of \$50 will apply.

\$ 50

\$

Total Dues

\$

Special Interest Groups Anesthesia Assistant Leadership Neonatal/Paediatric Educator

C. OTHER FEES/ORGANIZATIONS

COST

TOTAL

Provincial Associations

- BCSRT
- RTSO
- NLART

\$ 85
\$125
\$ 65

\$

Regulatory Bodies (must enroll in Debit Plan)

Deadline March 1

- Ontario/CRTO (deadline Feb. 13)
- Alberta/CARTA
- Nova Scotia/NSCRT
- Saskatchewan/SCRT
- New Brunswick/NBART
- Manitoba/MARRT

\$500
\$425
\$400
\$350
\$450
\$155

\$

Other

- Canadian Intensive Care Foundation
- Canadian Lung Association (CRHP)

\$ 25
\$ 40

\$

Total Dues

\$

D. 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 – \$25K incident/\$50K aggregate Criminal Defense Reimbursement – \$100K incident/\$100K aggregate	Annual Rate	\$ 56.00	\$ 60.48	\$ 61.04	\$
<input type="checkbox"/> Option 2: Basic Professional Liability – \$5M incident /\$5M aggregate Disciplinary Defense – \$25K incident/\$50K aggregate Criminal Defense Reimbursement – \$100K incident/\$100K aggregate	Annual Rate	\$ 90.00	\$97.20	\$98.10	\$
Total Professional Liability Insurance					\$

E. DEBIT PLAN

TOTAL

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

Administration Fee: Total fees less than \$300 = **\$15** Total fees \$300 or greater = **\$30**

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, 2009 until December 28, 2009, for the total amount owing of \$_____ . I have attached a blank cheque marked VOID to this form.

Signature _____

Date _____

F. TOTAL AMOUNT DUE

TOTAL

Membership fee	\$
Professional Liability Insurance	\$
Debit Plan – Administration fee	\$
TOTAL AMOUNT DUE	\$

G. 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.

Canadian cheque VISA Mastercard Canadian Money Order Debit plan

Card Number _____

Expiry Date (m/y) _____

Card Number

Expiry Date (m/y)

Signature _____

Date _____

H. 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 sent future correspondence in French where possible.

Notification: A member will be notified within 5 business days by CSRT Head Office that their payment has been returned NSF by the CSRT's bank.

Payment: The member will have 30 days from the date of above notification to pay his/her outstanding balance in full. This payment

will be made by certified cheque or money order and includes a \$25.00 service fee.

Default: Should the member fail to make payment in full within the stated 30 days, the member will receive notification via registered mail within 5 business days:

- that his/her current year's membership will be cancelled
- that the other parties for which the member applied (ie professional associations, regulatory bodies, liability insurers and parties receiving donation) will be informed within 14 days of this person's cancelled membership status.

Pre-Authorized Payments: A member who has agreed to make payment using the CSRT's pre-authorized debit plan will be allowed ONE NSF on their payments in the current membership year. Notification as stated above will be made and the \$25.00 service fee will be applied. The

member will have 30 days from the date of notification to rectify the situation. A second NSF will result in default as stated above.

List: A list of persons who have defaulted on the debit plan will be maintained at Head Office in order to prevent reapplication for this privilege.

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 _____