



Canadian Society of Respiratory Therapists

400 - 331 Cooper St., Ottawa, ON K2P 0G5
Tel.: 613-731-3164 Toll Free: 1-800-267-3422
Fax: (613) 521-4314 • Website: www.csrt.com
E-mail: membership@csrt.com

STUDENT MEMBERSHIP FORM

A. CONTACT INFORMATION

Mr. Miss Ms. Mrs. Gender: M F

Surname: _____ First name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Tel (W): _____ Tel (H): _____ Cell: _____

Fax: _____ Email: _____ DOB (mm/dd/yr): _____

Please provide the year you entered the respiratory therapy program: _____

Please provide the anticipated year of graduation: _____

CURRENT EDUCATION PROGRAM

Institution name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

B. STUDENT MEMBERSHIP

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

Name: _____

This membership is valid from when the student first joins the CSRT until March 31st following their third year in an approved respiratory therapy program. This **one-time fee** includes a certificate of registry and pin upon the successful completion of the CSRT National Certification Examination and a subscription to the Canadian Journal of Respiratory Therapy (CJRT).

Note: The CSRT has negotiated free professional liability insurance coverage for students during their clinical year. To be eligible, the student must work under the direct supervision of a respiratory therapist, who is a CSRT member covered by professional liability insurance.

COST

\$100.00

Total Dues

\$

C. 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

Card Number

____/____

Expiry Date (m/y)

Signature _____

Date _____

Last Name, First Name:

ID#

Reg#

D. BACKGROUND INFORMATION

The following questions must be answered yes or no. 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

E. ADDITIONAL INFORMATION

CSRT Communications

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

Notification: A member will be notified within 5 business days by the 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.

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 _____