

201-2460 Lancaster Rd, Ottawa, ON K1B 4S5  
Tel: 613-731-3164 Toll Free: 1-800-267-3422  
Fax: 613-521-4314 Email: [membership@csrt.com](mailto:membership@csrt.com)

The CSRT membership year runs from **April 1 to March 31 annually**

You can also join or renew **online**: [www.csrt.com](http://www.csrt.com)

A. CONTACT INFORMATION	
Surname:	<input type="checkbox"/> <b>Renewing my membership</b>
First name:	<input type="checkbox"/> <b>New Membership</b> (You must also complete Section H: New Members)
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Address:	Secondary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
City:	DOB (mm/dd/yy):
Province: Postal Code:	Current Employer:
Email:	
<input type="checkbox"/> <b>CANADA'S ANTI-SPAM LEGISLATION:</b> I prefer correspondence by email from the CSRT. I give my express consent, in accordance with Canada's anti-spam legislation, to receive email communication from the CSRT. (The CSRT currently has implied consent to email you.)	

B. MEMBERSHIP					
Your total including taxes depends on the province you live in.	ANNUAL BASE RATE	BC, AB, MB, SK, QC & Territories (5% tax incl.)	ON (13% tax incl.)	NB, NL, NS, & PEI (15% tax incl.)	TOTAL
<b>Annual Rate (April 1<sup>st</sup> 2019 to March 31<sup>st</sup> 2020)</b>					
<input type="checkbox"/> Registered Member <input type="checkbox"/> Associate Member	\$190.00	\$199.50	\$214.70	\$218.50	\$
<b>Total Membership:</b>					\$

C. PROFESSIONAL LIABILITY INSURANCE – professional liability insurance only available 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.						
No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.	<b>BASIC</b>	<b>SK</b> (tax incl.)	<b>MB &amp; ON</b> (tax incl.)	<b>QC</b> (tax incl.)	<b>NL</b> (tax incl.)	<b>TOTAL</b>
Personal Professional Liability: <b>\$5M incident / \$10M aggregate</b> <i>NEW this year! Only 1 option available: Higher coverage at the lower rate!</i>	<b>\$49.00</b>	<b>\$51.94</b>	<b>\$52.92</b>	<b>\$53.41</b>	<b>\$56.35</b>	
<b>Total Professional Liability Insurance:</b>						\$

D. PROVINCIAL ORGANIZATION			COST	TOTAL
<b>Provincial Association:</b>	<input type="checkbox"/> BCSRT		\$85	
<b>Regulatory Bodies: <u>IMPORTANT INFORMATION</u></b> 1) The CSRT will forward your renewal fees to your provincial regulatory body on your behalf. 2) You must <b>physically renew your license with your regulatory body by the deadline indicated by your province</b> for your renewal to be processed. Please go to your regulatory body's website to complete the form. 3) The CSRT membership form must be <b>received</b> by the CSRT before the deadline indicated in order for your payment to be forwarded to your regulatory body.	<input type="checkbox"/> SCRT (deadline January 15, 2019)		\$500	
	<input type="checkbox"/> MARRT (deadline January 15, 2019)		\$500	
	<input type="checkbox"/> CRTO (deadline February 22, 2019)		\$620	
	<input type="checkbox"/> NLCRT & NLCHP (deadline March 1, 2019)		\$489	
	<input type="checkbox"/> NSCRT (deadline March 6, 2019)		\$475	
	<input type="checkbox"/> NBART (deadline March 15, 2019)		\$550	
<b>Total Other Dues:</b>				\$

E. DEBIT PLAN
The Debit Plan is only offered to Registered and Associate Members (offered for full year membership only.) Please see (1) at bottom of page for information on NSF Policy.
<b>Administration Fee:</b> <input type="checkbox"/> \$20
<b>Debit Plan Authorization:</b> Monthly payments deducted directly from your bank account on the 28th of each month, for 10 months, beginning March 28 <sup>th</sup>
<b>I authorize the CSRT to debit my account in monthly installments, beginning March 28, 2019 until December 28, 2019, for the total amount owing indicated herein.</b> I have attached a void cheque to this form (if not previously provided or if banking information has changed).
Signature: _____ Date: _____

# CSRT MEMBERSHIP FORM

For New & Renewing  
Registered & Associate Members

F. TOTAL AMOUNT DUE		TOTAL
Section C	Membership Fee (including taxes)	
Section D	Professional Liability Insurance (including taxes)	
Section E	Provincial Organization Dues	
Section F	Debit Plan Fee	
<b>GRAND TOTAL:</b>		

G . METHOD OF PAYMENT	
Please make Canadian cheques or money orders payable to CSRT. Refund policy: CSRT membership dues are non-refundable. \$25 fee for NSF items. If more than two NSFs occur, your membership and insurance will be cancelled.	
GST/HST # 119220010 QST # 1217647823	
<input type="checkbox"/> Canadian Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Canadian Money Order	
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.	
Credit Card:	Expiry:
Print Name on Card:	CSC (3 digit number on back of card):
<b>Signature:</b>	<b>Date:</b>

H. NEW MEMBERS ONLY	
<input type="checkbox"/> <b>Associate Member:</b> Individual who has not graduated from an accredited program, has not passed the CBRC exam and does not already have a license from a provincial regulatory body.	
<input type="checkbox"/> <b>Registered Member:</b> Individual who has graduated from an accredited program and passed the CBRC exam and/or does have a license from a provincial regulatory body.	
Print name as you wish it to appear on your registry certificate:	Certificate language:
Name: _____	<input type="checkbox"/> <b>English</b> <input type="checkbox"/> <b>French</b>
<b>Are you the member of a provincial regulatory body?</b>	
<input type="checkbox"/> <b>YES</b> Province: _____	<input type="checkbox"/> <b>NO</b> If no, the following documents are required and must be attached to the form: <ul style="list-style-type: none"> <li>• Proof of graduation from a CoARTE-approved respiratory therapy program</li> <li>• Proof of successful completion of the exam as provided through the Canadian Board Respiratory Care (CBRC)</li> </ul>
Registration Number: _____	

**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 CEO at 1-800-267-3422.

**(1) NSF Payments (non-sufficient funds):** CSRT will notify of NSF payments within 10 business days. The CSRT member will have 30 days from the date of notification to pay the amount owed + a \$25.00 administration fee. 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. You must inform the CSRT of any changes to your banking information.