



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

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

You can also join or renew **online**: www.csrt.com

A. CONTACT INFORMATION

Last name:	<input type="checkbox"/> Renewing my membership <input type="checkbox"/> New membership (You must also complete Section I: New Members)
First name:	
<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 (yyyy/mm/dd):
Province: Postal Code:	Current Employer:
Email:	

CANADA'S ANTI-SPAM LEGISLATION: 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
Annual Rate (April 1st 2020 to March 31st 2021)					
<input type="checkbox"/> Registered Member <input type="checkbox"/> Associate Member	\$ 190.00	\$ 199.50	\$ 214.70	\$ 218.50	\$
Total Membership:					\$

C. PROFESSIONAL LIABILITY INSURANCE

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.

Professional liability insurance (PLI) is available to CSRT Registered Members and to Student Members who are new graduates eligible for a restricted license and have started working prior to passing the National Certification Exam.

- PLI applies on a claims-made basis: It only responds if there is an active policy when a claim is reported, not when the incident actually occurred.
- This liability insurance is only valid for claims made and legal proceedings carried out in Canada.
- You must report all incidents and claims as soon as you become aware of them (contact info <https://www.csrt.com/membership/#insurance>)

No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.	BASIC	SK (tax incl.)	MB (tax incl.)	ON (tax incl.)	QC (tax incl.)	NL (tax incl.)	TOTAL
Personal Professional Liability Insurance: \$5M incident / \$10M aggregate	\$ 49.00	\$ 51.94	\$ 52.43	\$ 52.92	\$ 53.41	\$ 56.35	
Total Professional Liability Insurance:							\$

D. PROVINCIAL ORGANIZATION

	COST	TOTAL
Provincial Association:		
<input type="checkbox"/> BCSRT	\$ 85	
Regulatory Bodies: <u>IMPORTANT INFORMATION</u>		
<input type="checkbox"/> MARRT (deadline January 9, 2020)	\$ 520	
<input type="checkbox"/> SCRT (deadline January 20, 2020)	\$ 600	
<input type="checkbox"/> NLCRT & NLCHP (deadline January 31, 2020)	\$ 489	
<input type="checkbox"/> CRTO (deadline February 18, 2020)	\$ 650	
<input type="checkbox"/> NSCRT (deadline March 9, 2020)	\$ 475	
<input type="checkbox"/> NBART (deadline March 16, 2020)	\$ 550	
Total Other Dues:		\$

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.

Annual Administration Fee: \$ 20

Debit Plan Authorization: Monthly payments deducted directly from your bank account on the 28th of each month, for 10 months, beginning March 28th
I authorize the CSRT to debit my account in monthly installments, beginning March 28, 2020 until December 28, 2020, for the total amount owing indicated herein. I have attached a void cheque to this form (if not previously provided or if banking information has changed).

Signature: _____ Date: _____



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

G. AUTOMATIC MEMBERSHIP RENEWAL ON CREDIT CARD

By checking YES below, you are authorizing the CSRT to annually renew all items you have currently selected to be renewed until the credit card on file expires. Please note we begin processing automatic renewals in December, starting with members who pay their regulatory body's dues through the CSRT. Once purchased/processed, all items are non-refundable. If neither box below is checked, automatic renewal defaults to NO.

YES, sign me up for automatic renewal of all items purchased herein on the credit card provided below **NO**, I am not interested at this time

H. 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

VISA MasterCard Canadian Money Order Canadian Cheque

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:	CVV (3 digit number on back of card):
Signature:	Date:

I. NEW MEMBERS ONLY

Associate Member: 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.

Registered Member: 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: English French

Name: _____

Are you the member of a provincial regulatory body?
 YES **NO**

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

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

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.