



201-2460 Lancaster Rd, Ottawa, ON K1B 4S5
Toll Free: 1-800-267-3422 Tel: 613-731-3164
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: First name:	<input type="checkbox"/> Renewing my membership <input type="checkbox"/> New membership (You must also complete Section I: New Members)
Email:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Address:	DOB (yyyy/mm/dd):
City:	Current Employer:
Province: Postal Code:	
<input type="checkbox"/> CANADA'S ANTI-SPAM LEGISLATION: 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 2024 to March 31st 2025)					
<input type="checkbox"/> Registered Member <input type="checkbox"/> Associate Member	\$ 199.00	\$ 208.95	\$ 224.87	\$ 228.85	
Total Membership:					\$

C. PROFESSIONAL LIABILITY INSURANCE (PLI)							
<p>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 responds if you have an active policy in place when a claim or complaint is made against you. This liability insurance protects members who are delivering services anywhere in Canada, provided that you abide by the required professional licensing in the relevant jurisdiction(s). You must report all incidents and claims as soon as you become aware of them (contact info https://www.csrt.com/membership/#insurance). <i>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 and is not aware of any circumstances which could lead to a claim under the present policy. Details: https://www.csrt.com/membership/#insurance. The undersigned further declares that during the last five years no insurer has cancelled, declined or refused to issue she or he any form of liability insurance and that this application discloses the hazards known to exist at the date of this application. I, the undersigned, declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.</i></p>							
Signature: _____				Date: _____			
No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.	BASIC	SK (6% tax incl.)	MB (7% tax incl.)	ON (8% tax incl.)	QC (9% tax incl.)	NL (15% tax incl.)	TOTAL
Personal Professional Liability Insurance: \$5M incident / \$10M aggregate	\$ 88.00	\$ 93.28	\$ 94.16	\$ 95.04	\$ 95.92	\$ 101.20	
Total Professional Liability Insurance:							\$

D. PROVINCIAL ORGANIZATION			COST	TOTAL
Provincial Association:	<input type="checkbox"/> BCSRT		\$ 85	
Regulatory Bodies: IMPORTANT INFORMATION 1) The CSRT will forward your renewal fees to your provincial regulatory body on your behalf. 2) You must physically renew your license with your regulatory body by the deadline indicated by your province 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 <i>received</i> by the CSRT before the deadline indicated in order for your payment to be forwarded to your regulatory body.	<input type="checkbox"/> MARRT (deadline January 15, 2024)		\$ 830	
	<input type="checkbox"/> SCRT (deadline January 18, 2024)		\$ 600	
	<input type="checkbox"/> NLCRT & NLCHP (deadline February 14, 2024)		\$ 589	
	<input type="checkbox"/> CRTO (deadline February 15, 2024)		\$ 700	
	<input type="checkbox"/> NSCRT (deadline March 5, 2024)		\$ 525	
	<input type="checkbox"/> NBART (deadline March 21, 2024)		\$ 550	
	<input type="checkbox"/> CARTA (through CSRT monthly payment plan only - deadline March 3, 2024)		\$425	
Total Other Dues:			\$	

E. MONTHLY PAYMENT PLAN	
<p>The Monthly Payment 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. Members on the Monthly Payment Plan will also be set up on automatic renewal by default for the following membership year (we will contact you using your email address on file at the beginning of the next membership year to remind you of this, at which time you can opt out). Annual Administration Fee: <input type="checkbox"/> \$ 20</p> <p>Debit Plan Authorization: I authorize the CSRT to debit my account in 10 monthly installments, beginning March 28, 2024 until December 28, 2024, 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).</p>	
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

Please note: Members on the Monthly Payment Plan will also be set up on automatic renewal for the following membership year (we will contact you using your email address on file at the beginning of the next membership year to remind you of this, at which time you can opt out).

H. METHOD OF PAYMENT

Refund policy: CSRT membership dues and all other items purchased are non-refundable. GST/HST # 119220010
Please see **(1)** at bottom of page for information on NSF Policy QST # 1217647823

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: _____ **RT Program and year of graduation:** _____

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

Registration Number: _____

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)

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. When 3rd party products are purchased through the CSRT (PLI, College Dues, etc.), only your basic information is forwarded to the concerned party. 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.