



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS  
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

# CSRT MEMBERSHIP FORM

REDUCED RATE For New & Renewing  
Registered & Associate Members

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> <input type="checkbox"/> <b>New Membership</b> (You must also complete Section H: New Members)
First name:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	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"/> I prefer <b>correspondence in FRENCH</b> where possible <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.	BASE RATE	BC, AB, MB, SK, QC & Territories (5% tax incl.)	ON (13% tax incl.)	NB, NL, NS & PEI (15% tax incl.)	TOTAL
<b>REDUCED RATE</b> (For the remainder of the current membership year ending March 31 <sup>st</sup> 2019) <input type="checkbox"/> Registered Member <input type="checkbox"/> Associate Member	\$105.00	\$110.25	\$118.65	\$120.75	\$
Total Membership:					\$

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.							
These rates are for the remainder of the current membership year ending March 31 <sup>st</sup> , 2019. No tax on professional liability insurance in BC, AB, NB, NS, PEI and the Territories.							
		BASE RATE	SK (tax incl.)	MB & ON (tax incl.)	QC (tax incl.)	NL (tax incl.)	TOTAL
<b>Option 1:</b> Basic Professional Liability - \$2M incident / \$5M aggregate	Annual Rate	\$23.00	\$24.38	\$24.84	\$25.07	\$26.45	\$
<b>Option 2:</b> Basic Professional Liability - \$5M incident / \$10M aggregate	Annual Rate	\$42.00	\$44.52	\$45.36	\$45.78	\$48.30	\$
Total Professional Liability Insurance:							\$

D. PROVINCIAL ORGANIZATION		COST	TOTAL
Provincial Association:	<input type="checkbox"/> BCSRT	\$85	
Total Other Dues:			\$

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



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## F. 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

Canadian Cheque     VISA     MasterCard     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>

## G. 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:

Name: \_\_\_\_\_

English     French

**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:

Registration Number: \_\_\_\_\_

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

**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.

**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.