CPTN MEMBERSHIP RENEWAL

FULL NAME: _____ POSTAL CODE/ZIP: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ PHONE: _____

PROVINCE/STATE: _____ FAX: _____

COUNTRY: _____ MEMBER ID: _____

☐ Check this box if there was a change of address prior to registration. You will receive a card in 4-6 weeks.

MEMBERSHIP RENEWAL FEES

One Year Renewal Option

☐ $50 prior to expiration date

Two Years Renewal Option

☐ $90 prior to expiration date

☐ Cheque (PAYABLE TO: Certified Professional Trainers Network (CPTN) Inc.)

☐ VISA ☐ MasterCard

Card Holder: _____

Card Number: _____ Exp. Date: ____/_____

MEMBERSHIP RENEWAL TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS MEMBERSHIP RENEWAL FORM IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST AID, CPR AND CONTINUING EDUCATION CREDITS WHICH MAY BE REQUESTED BY CPTN AT ANY TIME AFTER BECOMING CERTIFIED AS PART OF A RANDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY CERTIFICATION. I FURTHER UNDERSTAND IF ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN RESERVES THE RIGHT TO REVOKE ANY CERTIFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND AGREE TO ADHERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY WAY GUARANTEE THE QUALITY OF MY WORK AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS CPTN, ITS OFFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, OMISSION OR FAULTY ADVICE THAT I MAY GIVE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONSIBLE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY WORK AS A CPTN MEMBER IN GOOD STANDING OR AS A FITNESS INDUSTRY PROFESSIONAL.

_____ _____/_____/_____

Signature Date

MAIL TO: CPTN, 122 D'ARCY STREET, TORONTO, ON, CANADA M5T 1K3
FAX TO: 416-979-1466