



# MEMBERSHIP REGISTRATION

FULL NAME: \_\_\_\_\_

POSTAL CODE/ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

CITY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

## CPTN MEMBER BENEFITS

- Access to the CPTN Report issues
- Discounts on CPTN Conferences and Workshops
- Access to updated personal trainer job listings
- Discounts on services and products through suppliers

## CERTIFIED TRAINER BENEFITS

- Able to work in Canada as a Personal Trainer
- Able to be listed on Find A Trainer search as a referral
- Able to start own personal training business
- Able to become a Practical Assessor or Instructor

## MEMBERSHIP OPTIONS (CHOOSE ONE)

Membership (\$71.95 CAD) + HST (13%)

Membership + Art & Science Manual (\$94.07 CAD) + HST (13%) +

Shipping

Shipping:  Canada (\$22.60 CAD)  United States of America (\$31.34 CAD)  Other (\$99.00 CAD)

## PAYMENT METHOD

VISA  MasterCard  American Express

CARD HOLDER: \_\_\_\_\_ CVD (3-4 DIGIT NUMBER): \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP. DATE (MM/YY): \_\_\_\_/\_\_\_\_

## MEMBERSHIP TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS MEMBERSHIP REGISTRATION 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.

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SIGNATURE DATE (MM/DD/YYYY)

### PLEASE SUBMIT THIS APPLICATION INCLUDING:

- An e-mail subject of "CPTN Membership Registration"

### E-MAIL TO:

info@cptn.com