CPTN MEMBERSHIP REGISTRATION

FULL NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE/STATE: _____

COUNTRY: _____

POSTAL CODE/ZIP: _____

E-MAIL: _____

PHONE: _____

FAX: _____

CPTN MEMBER BENEFITS

- Discounts on CPTN Conferences and Workshops
- Discounts on educational books and multimedia
- Discounts on services and products through suppliers
- Access to personal trainer job listings and more…

CERTIFIED TRAINER BENEFITS

- Access to sports insurance from other bodies
- Listed on CPTN's web site as a Personal Trainer referral
- Eligible to join CPTN's leadership team of Practical Assessors or Course Conductors and more…

MEMBERSHIP

☐ Membership ($64.41) ☐ Membership + Art & Science Manual ($80.00)

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

☐ VISA ☐ MasterCard

Card Holder: _____

Card Number: _____ Exp. Date: ____/_____

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.

_____ _____/_____/_____

Signature Date

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