

MEMBERSHIP RENEWAL

FULL NAME:	COUNTRY:	
ADDRESS:		
CITY:		
PROVINCE/STATE:		
POSTAL CODE/ZIP:	MEMBER ID:	
MEMBERSHIP RENEWAL F	EES (CHOOSE ONE)	
One Year Renewal Option	Two Years Renewal Option	า
☐ \$47.50 CAD + HST (13%)	\$85.50 CAD + HST (13%)	
PAYMENT METHOD		
☐ VISA ☐ MasterCard ☐ Americ	can Express	
CARD HOLDER:	CVD (3-4 DIGIT NUMBER):	
CARD NUMBER:	EXP. DATE (MM/YY):/_	
CORRECT. I UNDERSTAND THAT I AM SOI OF MY FIRST AID, CPR AND CONTINUING BECOMING CERTIFIED AS PART OF A RAI RELEVANT TO MY CERTIFICATION. I FURTALSE, THE CPTN RESERVES THE RIGHT HEREOF. I ACCEPT AND AGREE TO ADHE DOES NOT CERTIFY OR IN ANY WAY GUA PROFESSIONAL. I THEREFORE AGREE TO FROM ANY CLAIMS DUE TO NEGLIGENCE MEMBER AND FITNESS INDUSTRY PROFE OR DAMAGES FROM ANY PERSON ARISIN INDUSTRY PROFESSIONAL.	ON CONTAINED ON THIS MEMBERSHIP RENEWAL FORM LELY RESPONSIBLE FOR MAINTAINING AN ACCURATE EDUCATION CREDITS WHICH MAY BE REQUESTED BY NDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTITHER UNDERSTAND IF ANY OF THIS INFORMATION IS LET TO REVOKE ANY CERTIFICATION THAT HAS BEEN GREERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THANTEE THE QUALITY OF MY WORK AS A FITNESS INFORMATION OR FAULTY ADVICE THAT I MAY GIVE TO CESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONNG OUT OF MY WORK AS A CPTN MEMBER IN GOOD ST	AND UP-TO-DATE RECORD COPTN AT ANY TIME AFTER N ANY INFORMATION LATER DETERMINED TO BE ANTED ON THE BASIS HAT CPTN MEMBERSHIP DUSTRY, CERTIFIED RS, DIRECTORS AND STAFF CLIENTS AS A CPTN ISIBLE FOR ANY ACTIONS
SIGNATURE	DATE (MM/DD/YYYY)	
PLEASE SUBMIT THIS API	PLICATION INCLUDING:	E-MAIL TO:
 An e-mail subject of "CPTN 	Membership Renewal"	info@cptn.com