



CPTN MEMBERSHIP REGISTRATION

FULL NAME: _____

POSTAL CODE/ZIP: _____

ADDRESS: _____

COUNTRY: _____

CITY: _____

E-MAIL: _____

PROVINCE/STATE: _____

PHONE: _____

CPTN MEMBER BENEFITS

- Access to the CPTN Report issues
- Access to updated personal trainer job listings
- Discounts on CPTN Conferences and Workshops
- 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 (\$61.95 CAD) + HST (13%)

Membership + Art & Science Manual (\$84.07 CAD) + HST (13%) + Shipping

Shipping: Canada (\$15.00 CAD) United States of America (\$20.00 CAD) Other (\$55.00 CAD)

PAYMENT METHOD

Cheque: (PAYABLE TO: CPTN Inc.)

VISA MasterCard American Express

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 INC., 122 D'ARCY STREET, TORONTO, ON, M5T 1K3, CANADA

E-MAIL TO: INFO@CPTN.COM