



Canadian Association of Cardiac Rehabilitation 2010 New Membership Application Form

APPLICANT INFORMATION					
Title:	First Name:	Last Name:			
Degree(s):		Gender:	Age Group:		
Address1:		Address2:			
City/Town:	Province/State:	ZIP Code:	Country:		
Home Phone:		Email Address:			
PROGRAM INFORMATION					
Profession:			Hr/week in Rehab:		
Program/Organization:					
Address1:					
Address2:			City/Town:		
Province/State:	ZIP Code:	Work Phone:			ext.
Work Fax:		Work Email Address:			
Correspondence Language: <input type="checkbox"/> English <input type="checkbox"/> French		Correspondence Location: <input type="checkbox"/> Home <input type="checkbox"/> Work		I already receive a copy of the JCRP outside of CACR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AFFILIATIONS					
(Please check off all that apply)					
<input type="checkbox"/> AACVPR <input type="checkbox"/> Canadian Diabetes Association <input type="checkbox"/> CCCN <input type="checkbox"/> CSEP <input type="checkbox"/> ACSM <input type="checkbox"/> CCS <input type="checkbox"/> CRNO					
<input type="checkbox"/> Canadian Kinesiology Association <input type="checkbox"/> Heart & Stroke Foundation <input type="checkbox"/> Atlantic Cardiac Rehab Network					
<input type="checkbox"/> Canadian Physiotherapy Association					
CERTIFICATIONS					
(Please check off all that apply)					
<input type="checkbox"/> CCCN - CV <input type="checkbox"/> Fitness Trainer (BCPPA) <input type="checkbox"/> Exercise Specialist (ACSM) <input type="checkbox"/> Program Director (ACSM)					
<input type="checkbox"/> Diabetes Educator (CDA) <input type="checkbox"/> Registered Dietitian (DAC) <input type="checkbox"/> Exercise Physiologist (ACSM)					
<input type="checkbox"/> Professional Fitness & Lifestyle Consultant (CSEP)					
ACADEMIC BACKGROUND					
Degree:	Faculty:				Year:
Degree:	Faculty:				Year:
Degree:	Faculty:				Year:
Degree:	Faculty:				Year:
CARDIAC INVOLVEMENT					
Briefly explain your involvement in CR:					



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Membership in the Association is personal and therefore, non-transferable. Membership in CACR is on a calendar basis (January 1 to December 31) and is not pro-rated. All member benefits are available as soon as the application process is complete.

I certify that the information provided in the application is correct and I agree to abide by the Association's Code of Ethics and Professional Conduct (See website).

Signature:

Date: 1/12/2010

Referred by:

Fee Structure:

- | | |
|---|----------|
| <input type="checkbox"/> Regular Membership | \$120.00 |
| <input type="checkbox"/> Associate Membership | \$120.00 |
| <input type="checkbox"/> Student Membership (must provide id) | \$ 55.00 |
| <input type="checkbox"/> International Membership | \$150.00 |

Add 5% GST
Residents of NF, NB, NS please
add 13% HST instead of GST
TOTAL

\$
\$

Payment by:

- Visa
 MC
 American Express
 Enclosed Cheque

Please provide card number or phone it in to 204-928-7870.

Card Number: - - -
Expiry (mm/yy): /
Name on Card:

EMAIL FORM WITH A COPY OF YOUR JOB DESCRIPTION OR PROOF OF STUDENT STATUS TO:

Canadian Association of Cardiac Rehabilitation

1390 Taylor Avenue

Winnipeg, Manitoba R3M 3V8

Ph. 204-928-7870

Fax: 204-928-7873

Admin@cacr.ca

****PLEASE ALLOW 10 DAYS FOR MAILED RECEIPT.***