



Business Membership Application & Payment Form

Applicant Name & Title: _____ Date: _____

1. Are you the owner or operator of a fitness facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What type of Facility do you currently operate?		
<input type="checkbox"/> Single-location gym/fitness centre	<input type="checkbox"/> Recreation Centre	<input type="checkbox"/> Boutique Fitness
<input type="checkbox"/> Multi-location gym/club	<input type="checkbox"/> Athletic Club	<input type="checkbox"/> At-home studio
<input type="checkbox"/> Studio (Aerobic, Yoga, Dance, Pilates, etc)	<input type="checkbox"/> Country Club	<input type="checkbox"/> Other (please fill in below)
3. Registered Business Name: (business name under which you file GST/HST)		
GTS/HST # _____		
Business Name # _____		
4. How many locations operate under your Business Name?		
5. How many staff members do you employ?		
<input type="checkbox"/> # Full Time _____	<input type="checkbox"/> #Part Time _____	<input type="checkbox"/> #Contractors _____
6. Offerings:		
<input type="checkbox"/> Group Fitness	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Mind Body (Yoga, Pilates):
<input type="checkbox"/> Aqua	<input type="checkbox"/> Massage therapists	<input type="checkbox"/> Nutritionists
<input type="checkbox"/> Program Directors	<input type="checkbox"/> Front desk	<input type="checkbox"/> Other
Business Information Head Office <input type="checkbox"/> Fitness Facility <input type="checkbox"/> Both <input type="checkbox"/>		
Owner's name:		
Business name:		
Business Address: Unit# / Bldg # / Floor - Street address		
City	Province	Postal Code
Business phone number:		
Business fax number:		
Business email address:		
<input type="checkbox"/> (received by owner) <input type="checkbox"/> (received by location manager) <input type="checkbox"/> (received by front desk/receptionist)		
Website		

Business Membership
SCHEDULE A

Benefits included in the **canfitpro** Business Membership:

- One complimentary Professional membership* (new or renewal) for the owner
- One complimentary registration* for the Business Owner to attend the **canfitpro** World Fitness Expo in Toronto within the current membership year OR any regional event
- Complimentary trade show passes to the **canfitpro** World Fitness Expo
- Special networking opportunities at the **canfitpro** World Fitness Expo
- One complimentary registration for any course or exam hosted within the Business Member's club (excludes First Aid, and CPR/AED)
- Complimentary job postings** with logo and company profile on the **canfitpro** website
- Quarterly discount code to receive 10% off **canfitpro** products and services*** for Business Member owner and staff including: **canfitpro** events, courses and exams, Professional membership fees, and exhibitor booths at events
- Discounted rate for **canfitpro** Certification Accreditation program for Personal Training Specialist and Fitness Instructor Specialist certifications
- Discounted Liability Insurance for your club and staff
- **canfitpro Magazine** hard copy subscription for the Business Owner plus electronic club subscription for all club locations

* Non-transferrable

** Quantity is dependent on Tier/Level of membership

***Discounts do not apply to intensives, First Aid, CPR and AED courses, course materials, online quizzes, exam re-writes, and facility fees.

Business Member Initials

Date

BUSINESS MEMBERSHIP LEVELS

Please view the Business Membership Program levels and features at:
https://forms.canfitpro.com/application/files/4415/2233/3572/BMP_Kit_LR_6.pdf

Level 1: Business Start-up & Growth Program	Level 2: Business Plus: Growth & Recruitment	Level 3: Business Gold: Growth, Recruitment & Expansion
3-9 staff members \$399*	10-99 staff members \$499*	Fee is waived based on minimum number of registered certifications, courses, events.

**applicable taxes have not been included. Memberships are non-refundable (please see Business Membership Agreement for criteria and details)*

Method of Payment (please check one)

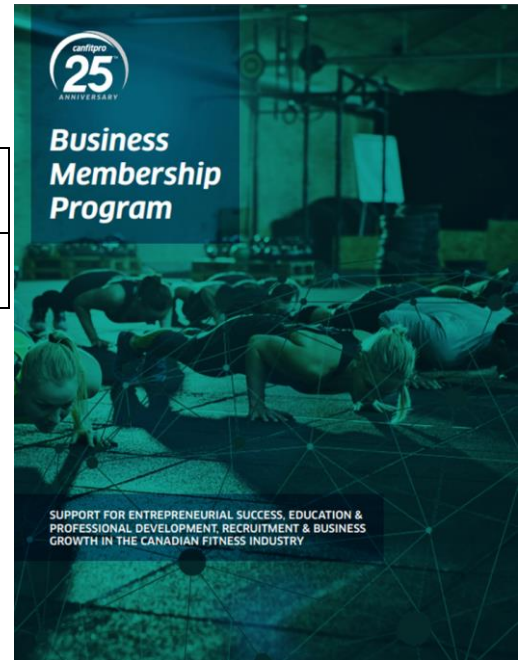
MC Visa Cash Cheque

Credit card Number _____

Exp _____ / _____ CVV _____

Name as it appears on card _____

Payee Signature _____



COMPLIMENTARY PROFESSIONAL MEMBERSHIP - CONTACT INFORMATION

If individual name and contact information is the same as the business information provided on page 1, please check here.

If different from page 1, please fill in the information below.

Please circle: Mr. Mrs. Miss Ms Dr

canfitpro Member ID# _____ - _____
 (existing members only)

Date of Birth: _____ / _____ / _____
 MM / DD / YYYY

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email: _____