



Certification Accreditation Request Form

Please indicate your name as you would like it to appear on your certificate **canfitpro ID:** _____

Miss Mr Mrs Ms Dr

Last Name First Name Middle Initial

Mailing Address Email

City Province Postal Code
() () ()

Home phone Work Phone Cell phone

Mandatory - Date of Birth (Month/Day/Year) Title (fitness instructor, personal trainer)

- Please accept and find attached a photocopy of my current _____ Fitness Instructor Certification to become a **canfitpro** Fitness Instructor Specialist (FIS).
- Please accept and find attached a photocopy of my current _____ Personal Training Certification to become a **canfitpro** Personal Training Specialist (PTS)
- Please find attached a photocopy of my current CPR Certification (issued within the last year, live courses only).

Certification Fees			
	Member Rates <small>(Current canfitpro Professional Members.)</small>	Non-Member Rates <small>(Includes a canfitpro Professional Membership.)</small>	Total
Certification Fee (one time)	<input type="checkbox"/> \$139	<input type="checkbox"/> \$237	
Practical Exam Fee (if applicable)	<input type="checkbox"/> \$99		
Professional Membership Renewal	<input type="checkbox"/> \$78		
≠ canfitpro Gift certificate must be submitted by mail with registration form, no expired certificates will be accepted * GST (Goods and Services Tax) applicable in Quebec, British Columbia, Manitoba, Alberta, Northwest Territories, Nunavut, and Saskatchewan. (Applied to location where course or exam is being held). ** HST (Harmonization of Sales Taxes) applies only to the Canadian provinces of Prince Edward Island (15%), Newfoundland (15%), Nova Scotia (15%), New Brunswick (15%) and Ontario (13%) and includes both GST and PST. (Applied to location where course or exam is being held).			SUBTOTAL
			- Gift Certificate ≠
			+ *GST at 5% or + **HST at ____%
			TOTAL
<input type="checkbox"/> Cheque/Money Order (cheque or money order must be enclosed and payable to canfitpro ; <u>no post-dated payments accepted</u>)			Mail: 110-225 Select Ave., Toronto ON, M1X 0B5 Fax: 416-493-1756 Email: accreditations@canfitpro.com
<input type="checkbox"/> Visa/MasterCard Card number: _____ Expiry: _____ CVV: _____			

Registration Policy:
canfitpro Membership - candidates who register at the non-member rate receive a one year Professional membership with canfitpro. canfitpro membership fees are non-refundable. Your membership can be cancelled by giving us at least 30 days notice at info@canfitpro.com. This allows you to provide the date on which you gave notice, one month in advance of the scheduled cancellation. Each member is responsible for the cancellation of his or her own membership.

- Please check all boxes and provide signature below to acknowledge that you understand all registration policies:**
- I understand, and agree, that my registration is not complete until the payment for the item(s) is successfully processed and I receive a complete confirmation from **canfitpro**. I agree that the information I have provided is correct and that any discrepancies, or incorrect information, will delay, or prohibit, me from being registered into the program that I have chosen.
 - I am over 18 years of age.
 - I provide **canfitpro** permission to communicate with me about their products, services and sales offers via electronic formats.

Signature: _____ **Date:** _____