



capo

Canadian Association for  
Prosthetics and Orthotics

MEMBERSHIP REGISTRATION

Thank you for applying/continuing your CAPO Membership. Complete this Application Form in full and return it with your payment to CAPO Head Office via email [capo@mts.net](mailto:capo@mts.net) or fax to (204) 947-3627.

*It is and will be the members' responsibility to keep Head Office informed of any changes to their personal contact information.*

NAME: (Mr. Ms. Mrs.)

\_\_\_\_\_

Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone #: W ( ) \_\_\_\_\_ - \_\_\_\_\_ F ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone #: H ( ) \_\_\_\_\_ - \_\_\_\_\_

**\*\*Mailing Address Preference: Home ( ) Work ( )**

**Membership Classification and Rates: for the 2012 fiscal year commencing January 1<sup>st</sup> and ending Dec 31<sup>st</sup>. No proration of fees is accepted.**

<input type="checkbox"/> (FM) Full Member ... (CBCPO Certified Professional)		<b>\$224.00</b>
(AB/SK/MB/QC/PE) + 5% GST	\$235.20	
OR (NB/NL/ON) + 13% HST	\$253.12	
OR (NS) + 15% HST	\$257.60	
OR (BC) +12% HST	\$250.88	

<input type="checkbox"/> (RTM) Registered Technician Member (CBCPO Registered Technician)		<b>\$105.00</b>
(AB/SK/MB/QC/PE) + 5% GST	\$110.25	
OR (NB/NL/ON) + 13% HST	\$118.65	
OR (NS) + 15% HST	\$120.75	
OR (BC) +12% HST	\$117.60	

** <input type="checkbox"/> (AM) Associate Member (Non certified /Non registered)		<b>\$105.00</b>
(AB/SK/MB/QC/PE) + 5% GST	\$110.25	
OR (NB/NL/ON) + 13% HST	\$118.65	
OR (NS) + 15% HST	\$120.75	
OR (BC) +12% HST	\$117.60	

**\*\*Include how you are associated with the P&O Profession. (Mandatory Requirement New Applicants only)**

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<input type="checkbox"/> (SM) Student Member		<b>\$70.00</b>
(AB/SK/MB/QC/PE) + 5% GST	\$73.50	
OR (NB/NL/ON) + 13% HST	\$79.10	
OR (NS) + 15% HST	\$80.50	
OR (BC) +12% HST	\$78.40	

**(Must be registered in a CBCPO Accredited Program):**

- BCIT                       GBC

**PAYMENT**

All Cheques or money orders in Canadian Funds Only

METHOD OF PAYMENT	
Circle one:	
CHEQUE	VISA
MONEY ORDER	MASTER CARD
Card #	
Expiry date:	
Name of card holder (print)	
Signature	

***CAPO Membership includes: yearly subscription to Alignment Magazine, Member section of CAPO Website, discounted rate for all CAPO Sanctioned events (must be a member for two consecutive years prior to event).***

***\*\*Members Section***

***Password:*** \_\_\_\_\_ (maximum 8 characters)

Preferred email address to be used as your ID in the members section of CAPO Website.

***Email:*** \_\_\_\_\_

***All CAPO Members in good standing with the Corporation who have given permission on the attached Privacy Form will be listed on the CAPO Website [www.prostheticsandorthotics.ca](http://www.prostheticsandorthotics.ca) by business address only.***

**PLEASE BE SURE TO INITIAL AND INCLUDE YOUR PRIVACY CONSENT FORM!!**

CANADIAN ASSOCIATION FOR PROSTHETICS AND ORTHOTICS

**PRIVACY UPDATE**

Effective January 1, 2004, the Canadian Association for Prosthetics and Orthotics ("CAPO"), like most other businesses and associations in Canada, has certain obligations at law pursuant to the *Personal Information and Protection of Electronic Documents Act and Regulations* (the "Act").

As you may know, the Act regulates the manner in which personal information is collected, used, stored, disclosed and destroyed.

CAPO is committed to protecting the personal information of its members and has established a Privacy Policy, a complete copy of which is available on its website at [www.ProstheticsAndOrthotics.ca](http://www.ProstheticsAndOrthotics.ca) CAPO has also appointed a Privacy Officer who can address your questions or concerns regarding our Privacy Policy:

Kathy Kostycz, Privacy Officer  
Canadian Association for Prosthetics and Orthotics  
605 - 294 Portage Avenue  
Winnipeg, Manitoba R3C 0B9  
Direct Line (204) 949-4970

CAPO has collected personal information from its members in order to process applications for membership, requests for educational services provided, administered or organized by CAPO, to promote CAPO, its members and the industry and to provide members and the public with updates concerning its services or the industry generally from time to time.

CAPO uses the personal information provided solely for the purposes specified above. CAPO will not disclose personal information to third parties without the consent of the member who is the subject of the information, except where permitted or required by law.

CAPO is dedicated to providing high quality services to its members and the public and will continue to use the personal information provided for the purposes specified herein and as set out in our Privacy Policy. Should you have any concerns with the way that CAPO collects, uses or discloses your personal information, please contact our Privacy Officer.

**PERSONAL INFORMATION CONSENT FORM**

I, the undersigned, hereby give permission for the release of my personal information (name, address, phone, fax and email address) by the staff of The Canadian Association for Prosthetics and Orthotics (CAPO),

**Please initial the appropriate lines (DO NOT USE 'X' OR '✓'):**



I do approve of the release of personal information to sponsors and other association (s) in order that such third parties may contact me with respect to their products and services.

I give permission to publish my business information (as noted) on the CAPO website.

None of the above

I hereby release The Canadian Association for Prosthetics and Orthotics, (CAPO) and its Directors and employees from all actions, causes of actions and I further acknowledge and understand that CAPO is not responsible for the practices of companies and organizations it does not control or own.

A copy of this consent form shall be kept in my file at CAPO Head Office.

**I understand that I am entitled to amend the above within 30 days of written notice sent to CAPO Head Office.**

\_\_\_\_\_

Date:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature