**CSPA PROFESSIONAL MEMBERSHIP APPLICATION FORM**

Please fill out the table below and combine it into one PDF with your application fee payment of $30.00. Please email your PDF to memberships@cspa-acps.com. Once approved, will need to send your professional membership payment and insurance confirmation to memberships@cspa-acps.com. Once complete, your professional membership will be activated, and you will be listed on the CSPA website. Your next step is to contact info@@cspa-acps.com to create your profile for the CSPA website.

**Identification:**

|  |  |
| --- | --- |
| Last Name: |  |
| First Name: |  |
| Pronouns: |  |
| CMPC #: |  |
| E-mail: |  |
| Address: |  |
|  |
| City:  | Province: | Postal Code: |
| Phone: |  |