



Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

Application for Membership Reinstatement - MLT

CSMLS ID # _____

Mr. Miss. Mrs. Ms.

Date of Birth: MM/DD/YY _____

Name: _____
Last First Former Name (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

MLT Subject RT ART FCSMLS
(please specify year obtained on the line beside the correct certification)

<input type="checkbox"/> Practicing Membership Fee	167.00	<input type="checkbox"/> Non-Practicing Membership Fee	100.00
<input type="checkbox"/> PLI	13.00	<input type="checkbox"/> PLI	13.00
<input type="checkbox"/> PST	_____	<input type="checkbox"/> PST	_____
TOTAL SUBMITTED	_____	TOTAL SUBMITTED	_____

PLI - Professional Liability Insurance; recommended to all members, mandatory dependent on province and/or employer

PST - ONLY ON, SK and QC are required to pay PST on PLI - **ON add \$1.04 - SK add \$0.78 - QC add \$1.30**

Privacy Statement: I have read the privacy agreement and accept the terms with the following options:

- Exclude my name in the list sent to the Member Discount Programs/Partners
- Exclude my name in the list sent to the CSMLS Partner Provincial Societies
- Exclude my name in the list of certified members (Roster - print and web)
- Exclude my name for contact by email by CSMLS

- This is to certify that I am an MLT member in good standing with my provincial regulatory body (CMLTA, NLCMLS, NSCMLT, NBSMLT, SSMLT, CMLTO, OPTMQ, or CMLTM in Active Status only)

Completed forms can be mailed, faxed, or emailed to us. Please find contact information at bottom of application
*Please note that this membership cannot be completed online, it must be processed in the office.

Once your payment has been processed, you will receive an emailed Confirmation of Membership.

Signature: _____ Date: _____

**This is an annual membership that will expire December 31 each year. Membership fees are not prorated
Please Note: Fees are non-refundable and non-transferable.**

Payments must be made in Canadian funds. If your payment is returned, you will be charged a \$25.00 Administration Fee

<input type="checkbox"/> Cheque (payable to: CSMLS)	CSMLS USE ONLY	
<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Credit Card # _____	Date Proc'd: _____	
Expiry Date _____	CSMLS ID# _____	UsrCrd: _____
Cardholder: _____ (please print clearly)		

Reason for Reinstatement:

- I am returning to work I require PLI Professional development and continuing education discounts
- Other _____

Important Information About the Collection, Use and Disclosure of Your Personal Information

CSMLS is committed to protecting our members' privacy. This information describes how CSMLS collects, uses, shares and protects the personal information gathered from its members.

Collection and Use of Personal Information

Personal information is any information about an identifiable person.

CSMLS collects from its members the following personal information:

- name
- address
- telephone number
- email address
- fax number
- employer's name, address, telephone number
- date of birth

For the following identified purposes:

- to process memberships
- to process professional liability insurance
- to mail complimentary subscriptions of the journal (CJMLS)
- to establish eligibility for the CSMLS Member Discount
- to send out information on CSMLS events, programs, and/or services
- to process invoices for events, goods or services
- to provide data for research reports
- to prepare the CSMLS Roster

CSMLS may also collect the following personal information about its members:

- certification history
- participation on volunteer committees and task forces
- participation in continuing education courses
- attendance at LABCON
- provincial society/regulatory body membership

Disclosure of Personal Information

Other than as stated below, CSMLS does not disclose any personal information to third parties. Unless CSMLS members express that they do not wish to have their personal information disclosed, CSMLS discloses personal information to the following third parties for the following identified purposes:

1. Address information may be given to approved providers of the CSMLS Member Discount Programs so that they can send information to members about their services.
2. Address information may be provided to provincial societies for marketing purposes.
3. Members' names, year of certification, membership status and city and province of residence are published annually in the Roster.

The Roster is published in print form and is posted to the public portion of the CSMLS website.

The *Personal Information Protection and Electronic Documents Act* is federal legislation that governs the collection, use and disclosure of personal information. In accordance with this legislation, we must obtain our members' consent to collect, use and disclose personal information for the purposes stated above.

If you do not wish to have your personal information disclosed to third parties as described above, please complete the CSMLS Information Consent Section.

Security and Safeguards

The importance of security for all personal information collected by CSMLS is of utmost concern to us. All personal information collected by CSMLS is securely stored in a computer database with a level of security appropriate to the sensitivity of the personal information collected. Member records can only be accessed by authorized members of the CSMLS staff.

Personal Information/Privacy Inquiries

If you have any questions about CSMLS privacy policies and procedures, or if you wish to access your member record, please contact:

Katherine Coles, HR & Operations Coordinator
Telephone: (800) 263-8277 Ext. 8602
Fax: (905) 528-4968
Email: katherinec@csmls.org