**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](mailto:memberships@cspa-acps.com). Once approved, will need to send your professional membership payment and insurance confirmation to [memberships@cspa-acps.com](mailto: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](mailto: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: |  | | |