



# Membership Application

Name: Dr. Mr. Ms. Mrs.

First \_\_\_\_\_ Middle Initial(s) \_\_\_\_\_

Last \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Primary \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

Position: \_\_\_\_\_

Are you Self-employed? YES NO Are you a member of Manitoba Fitness Council? YES NO

Highest Degree \_\_\_\_\_ University \_\_\_\_\_ Year \_\_\_\_\_

Current Certifications held \_\_\_\_\_

**FEES:** (check one)

**Professional:**

**Student:**

If payment is received  
between November 1 - April 30

Professional member \$50

Student member \$25

If payment is received  
between May 1 - October 31

Professional member \$25

Student member \$12.50

**\*First time student members only have to pay \$10**

DONATION (optional): Amount \$ \_\_\_\_\_

**NOTE: All memberships expire November 30.**

**Professional MEPA members**, at your request, your name can be added to a list of degreed personal fitness trainers made available at [www.mepa.ca](http://www.mepa.ca) as well as to allied health professionals such as Registered Dietitians, Physiotherapists and Physicians. Your university degree, primary phone number and website will also be included in the list. This list will facilitate patient referral to a qualified MEPA Fitness Professional. Please check one.

**YES**, add my name.

**DO NOT** add my name.

Indicate if you would like to volunteer to promote MEPA at various events (i.e., booths, in motion events, education presentations, fundraising, etc.) Please check one:

**YES**, add my name.

**DO NOT** add my name.

I hereby apply for membership in the Manitoba Exercise Professionals Association Inc.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Note: **All memberships expire November 30. Professionals, must include proof of your degree if not previously submitted (i.e., photocopy) or your membership application WILL NOT BE ACCEPTED.** Those applying for a **Student Membership** must include proof of current status (i.e. copy of transcript, tuition invoice, or a signed letter from faculty representative).

**Send Application with payment (payable to MEPA) and a photocopy of your degree or proof of student status to:**

Manitoba Exercise Professionals Association Inc.  
C/O Manitoba Fitness Council  
219 Provencher blvd  
Winnipeg, MB R2H 0G4

<u>Office Use Only</u>	
Amount Received \$	_____
Cheque / Money Order / Cash	_____
Received by _____	Date _____
Photocopy of Degree on file	_____
Receipt issued #	_____

Need more information? Contact the MEPA Executive at [mepa@mepa.ca](mailto:mepa@mepa.ca).