



PERSONAL TRAINER MEMBERSHIP APPLICATION



CONTACT DATA

Full Name (First, Middle, Last) _____ Practice / Clinic Name _____

Office or Mailing Address (include Suite #) _____ City _____ State _____ Zip _____

Office Phone _____ Alternate Phone (Home, Cell, etc.) _____ Fax _____ Email _____

Practitioner _____
 Student _____

Personal Trainer School Attended (Students provide School attending & expected completion info) _____ Graduated _____ Hours Completed _____

PROFESSIONAL INFORMATION (Students Skip to Question 11)

1. What current Personal Trainer Certification do you hold? NATE Other _____ None

2. Has any malpractice claim or proceeding ever been brought against you, your associates or employees, or are you aware of any circumstance that could give rise to such a claim? (If YES, attach explanation) Yes No

3. Has any agency or association investigated or taken any other action against you or your license / certification? (If YES, explain) Yes No

4. Have you ever had liability insurance refused, declined, canceled, or accepted on special terms? (If YES, explain) Yes No

5. Have you ever used any drug or substance that interfered with your ability to perform Personal Trainer duties? (If YES, explain) Yes No

6. Have you ever been convicted of any violation of the law other than a minor traffic offense? (If YES, explain) Yes No

7. Do you: do colonic irrigations, treat cancer, epilepsy, practice obstetrics or make a differential diagnosis? (If YES, explain) Yes No

8. Have you ever provided Personal Trainer services for a professional athlete? (If YES, explain) Yes No

9. Do you provide any service other than as taught in the Personal Trainer schools and colleges? (If YES, explain) Yes No

10. Do you currently carry Personal Trainer insurance? Yes No If YES, Carrier: _____ Policy Expires _____

11. List other health care licenses you hold (RN, LMT, LAC, etc.) _____ Do you have a separate policy for these? Yes No

12. When do you want your Personal Trainer insurance to be in effect (may not be before date app is received)? _____

13. Additional Insured - If you have a corporation or a partnership we recommend you add that entity as an additional insured. Your landlord, employer, or school may also require additional insured status. For each additional insured provide the following. Add sheets as needed:

Entity Name _____ Address _____

MEMBERSHIP OPTIONS AND PAYMENT

Professional & Student Membership includes \$1 million / \$3 million Professional & Premises Liability Coverage. Fellowship & Affiliate categories do not include coverage. Check the following box if you do not want \$10 of your Membership to go to the NATE Pac.

Professional @ \$299 = _____

Student @ \$199 = _____

Fellowship @ \$100 = _____

Association Affiliate @ \$50 = _____

Additional Insured @ \$25 = _____

TOTAL AMOUNT DUE: _____

Check MasterCard Visa Discover AMEX

Card #: _____ Expires: _____

SIGN THEN FAX OR MAIL APPLICATION

I hereby apply for membership and / or coverage. I declare that the above statements are true and I have not suppressed or misstated any facts. I agree that this declaration shall be a basis for, and form a part of, my professional liability policy and my NATE membership. I understand untrue statements could void my policy and / or my NATE membership. I understand that, I have a duty to report in writing, within 48 hours, or as soon as practicable, any incidents reasonably likely to involve this insurance, including oral or written patient complaints, or threats or filings of lawsuits. I understand that Returned checks will be charged a \$35.00 administrative fee.

SIGN: _____ DATE: _____

REMIT TO: **AHS** (American Health Source)
 801 W. NORTON AVE, SUITE 420 MUSKEGON MI 49441
 888-375-7245 - PHONE 231-733-0746 - FAX