



Application for CanTRA Provisional Centre Membership
CanTRA’s membership year runs from January 1st to December 31st each year.

All new CanTRA centres begin as Provisional Members for up to a maximum of two years. During this time, CanTRA is available to assist developing centres with instructor certification, educational resource materials. A Risk Management Evaluation will be scheduled following receipt and review of this application.

Centre Contact Information
(This information will be posted on CanTRA’s web site and published contact lists.)

Name of Centre:	
Contact at Centre:	
Contact’s Title:	
Mailing Address:	
Location of Property if Different from Mailing Address:	
Telephone:	
Fax:	
E-mail:	
Web Site:	
Centre Description for CanTRA Website (up to 25 words):	

Additional Information (For CanTRA office use only)

Name of President:	
President’s Address:	
Telephone (H):	
Telephone (W):	
Fax:	
E-mail:	
Head Instructor*:	
Head Instructor’s Title (if other than “Head Instructor”)	

ORGANIZATIONAL STATUS:

☐ Registered Charity ☐ Registered Non-Profit ☐ Incorporation ☐ Privately Owned

FACILITIES USED:

☐ Owned by Centre No. of Acres: _____
☐ Rented/Leased by Centre No. of Acres: _____ Owner Name: _____
☐ Used at no cost to Centre No. of Acres: _____ Owner Address: _____

HORSES USED:

☐ Owned by Centre Number: _____
☐ Rented/Leased by Centre Number: _____ Owner Name: _____
☐ Used at no cost to Centre Number: _____ Owner Name: _____

INSTRUCTORS:

NAME	CERTIFICATION					PAID	VOL.
	CTRBI	CTRII	CTRSI	CanTRA Coach	Hippotherapy (AHA cert.)		

OTHER STAFF AND VOLUNTEERS: (Please do not count the same person in more than one category)

TYPE	NUMBER	PAID	VOL.	JOB DESCRIPTION	
				YES	NO
Board of Directors					
Committees					
Administration					
Facility					
Fundraising/Marketing/Events					
Other (specify)					

PROGRAM PARTICIPANTS:

Number of Riders/Clients in BUSIEST Season:

Up to 10 yrs.	11-18 yrs.	19-55 yrs.	Aged 56+

Disabilities served (check if YES):

Physical	
Developmental	
Mental Health	

PROGRAM ACTIVITIES/MONTHS OF OPERATION (Please check all that apply):

MONTH	RIDING LESSONS	DRIVING	HIPPO-THERAPY	VOLTIGE	COMP-ETITION	CAMP	OTHER (LIST)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

INSURANCE: (Insurance is not provided to provisional centres. All provisional centres must provide proof of insurance with 5,000,000 liability with CanTRA named as additionally insured).

Accredited centres meeting the requirements of CanTRA’s Risk Management Standards have the option of participating in CanTRA’s Liability and Accident Insurance Policy (policy year runs from June 1st - May 31st)

- ☐ Upon approval, our centre wishes to participate in the CanTRA Liability and Accident Insurance Policy
- Pool Use:

☐ Our Centre **does not** have a pool that is used in our program

☐ Our Centre **does** have a pool that is used in our program

☐ We meet all provincial and Ministry of Health guidelines and have included verification of this.
- Additional Insurance:

☐ If property is owned by the centre: Our centre has additional premises liability coverage for commercial operations insurance; proof of coverage is enclosed.
- ☐ Our centre will obtain insurance elsewhere. Name of Company: _____
(Please enclose a copy of the certificate)

PROVISIONAL MEMBERSHIP PAYMENT INFORMATION

Fee Calculation:	Provisional Centre membership per year	= \$ 150.00
	Rider fee (number of riders/clients x \$5.00/person)	= \$ _____
	Accreditation fee	= \$ 100.00
	TOTAL	\$ _____

Payment Method: ☐ Cheque ☐ Money Order ☐ VISA ☐ MasterCard

Credit Card Information

Name on Card: _____Signature: _____

Card Number: _____Expiry Date: _____

SEND FORM & PAYMENT TO:
CanTRA PO Box 1072, Saint-Lazare Succ Bureau-Chef, QC, J7T 2Z7
Tel: (226)332-8115 Email: office@cantra.ca
PAYMENT MUST BE RECEIVED WITH APPLICATION

Completed By (Please Print): _____Title: _____

Signature: _____Date: _____