



ANBMT  
P.O. Box 323  
Stn "A"  
Fredericton NB  
E3B 4Y9  
Tel: (506) 452-6972  
Fax: (506) 451-8173  
Email: [anbmt@anbmt.ca](mailto:anbmt@anbmt.ca)  
Website: [www.anbmt.ca](http://www.anbmt.ca)

## MEMBERSHIP RENEWAL FORM

### Please state preferred mailing address

Home       Business/Employment

ANBMT#: \_\_\_\_\_

### Please state preferred language

English       French

### Home Address (please print) **NO CHANGE (highlight or indicate ANY changes below)**

### **Please add this information to the referral map on the ANBMT website:** Yes or No

Mr       Mrs       Miss       Ms

First Name:

Last Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

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### Business/Employment Address (please print) **NO CHANGE (highlight or indicate ANY changes below)**

### **Please add this information to the referral map on the ANBMT website:** Yes or No

Name of Business:

Street Address:

City:

Province:

Postal Code:

Phone:

Cell phone:

Fax:

Email:

Website:

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### Membership Fees

Active Membership: \$195.00

LM Professional Liability Insurance: \$105.00

Inactive Membership: \$50.00 (you must be an active member for one full year before you can opt for inactive membership).

**Insurance Registration** You can find additional information about these insurance policies and an application form by visiting the ANBMT website at [www.anbmt.ca](http://www.anbmt.ca), “Forms”/“Insurance Registration/Renewal” section and by clicking on “Lackner McLennan”.

If you currently have Liability Insurance with a provider other than Lackner McLennan Ltd. please fill out the following and include a copy of current insurance policy: (please print)

I hereby certify that I have \$ \_\_\_\_\_ liability insurance with \_\_\_\_\_ which is valid until \_\_\_\_\_ (expiry date).

**Information about the Insurance Company**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please fill out the information below and send the **combined payment** including membership renewal and Lackner McLennan insurance to the ANBMT.

**Total Payment** (please add the appropriate amounts in the Table below)

Type	Amount (\$)	Total Payment (\$)
ANBMT Active Membership Renewal	195.00	
ANBMT Inactive Membership Renewal	50.00	
LM Professional Liability	105.00	
LM Insurance for Acupuncture	200.00	
LM Insurance for Ultrasound	NO FEE	
<b>Total Payment (\$)</b>		

**IMPORTANT NOTES REGARDING PAYMENT:**

- Please make ALL fees payable to ANBMT, including Lackner McLennan Ltd. Professional Liability insurance fees. This is a combined payment.
- There will be a \$20.00 administration fee charged for cheques that are returned to the ANBMT “NSF” (non-sufficient funds).
- Payments received after the date of Membership Renewal of September 30 will be subject to a \$30.00 late fee.
- Payment within Canada may be done using a personal cheque or money order. If your payment comes from outside of Canada (e.g. United States), please make the payment using a money order in \$can (Canadian banks do not accept foreign personal cheques).
- You can NOW e-transfer your member fees directly to us (membership & insurance—all one payment)! Just use the ANBMT's email address [anbmt@anbmt.ca](mailto:anbmt@anbmt.ca) for the transfer. Please indicate the security question to be your ANBMT#.
- If you would like to pay your fees using PayPal (only credit card option), please go to the ANBMT website at [www.anbmt.ca](http://www.anbmt.ca) and go to *Members* and *Online Payment* where you will find a fee table outlining the different fee options. Please click on *Buy Now* in the column on the right-hand side of the fees table in the appropriate row and follow the instructions. ***Please also forward your membership renewal form indicating that you have paid using PayPal.***