



**CARDIOLOGY TECHNOLOGISTS ASSOCIATION OF B.C.**  
P.O. Box 2575, Station Terminal, Vancouver, B.C. V6B 3W8

**CTABC MEMBERSHIP TRANSFER APPLICATION**

I, (please print name) \_\_\_\_\_ am applying to become a  
Registered member of the Cardiology Technologists Association of British Columbia.

I am a Registered Cardiology Technologist transferring from the province of \_\_\_\_\_

**MEMBERSHIP DUES ARE PAYABLE TO THE CTABC ON DECEMBER 31<sup>ST</sup> OF EACH YEAR.**

**DUES:** Registered Active: \$145.00                      Registered Inactive: \$ 95.00

Submitted by: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**CSCT #:** \_\_\_\_\_ **DATE of APPLICATION:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Proof of title or current registration must be included with this application.**  
**Complete form and return to Registrar with your dues payment enclosed.**

By application for membership in the CTABC, I hereby authorize the CTABC to obtain such information as is required, from the CSCT/Province to verify your status without liability on their part for any such disclosures.

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**OFFICE USE ONLY:**

Received \_\_\_\_\_, Registration # \_\_\_\_\_, Enrolled date \_\_\_\_\_, Exam date \_\_\_\_\_