



CARDIOLOGY TECHNOLOGISTS ASSOCIATION OF B.C.

P.O. Box 2575, Station Terminal, Vancouver, B.C. V6B 3W8

24 Hour Toll-free Voice & Fax # 1-866-280-6535

CTABC STUDENT MEMBERSHIP APPLICATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

ADDRESS _____

ADDRESS (cont) _____

CITY: _____ **PROV:** _____ **POSTAL:** _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FAX: _____

EMAIL: _____

NOTE: STUDENT MEMBER REQUIREMENTS.

1. Proof of enrollment in a CSCT approved Cardiology Technology Program (Form R-104). To be signed by the *Clinical Coordinator* of the program.

2. Student dues are enclosed. (Certified cheque or money order mandatory).

By application for membership in the CTABC, I hereby authorize the CTABC to obtain such information as is required, from the Clinical Coordinator without liability on their part for any such disclosures.

APPLICANT'S SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

Received _____, Registration # _____, Enrolled date _____, Exam date _____