



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

DUES NOTICE / SUBMISSION FORM

Your **ANNUAL CTABC dues should be received by December 31st.**

Active \$145.00* **Inactive \$95.00*** **Student \$75.00** (set by CSCT)
Associate \$75.00 **Affiliate \$55.00** **Business \$115.00** **Life** (dues waived)

All cheques are to be made payable to the CTABC. Personal cheques will be accepted ONLY from ACTIVE & INACTIVE members. **A \$5.00 admin fee applies to all CHEQUE payments.** To pay online (no admin fee) with a Credit Card, visit www.ctabc.ca. STUDENT members must pay with MONEY ORDER, CERTIFIED CHEQUE or CREDIT CARD.

Late fees are applicable as per the following schedule:

\$25.00 for dues received between January 1st - March 31st
\$50.00 for dues received between April 1st - June 30th.
\$75.00 for dues received between July 1st - September 30th.
\$100.00 for dues received after September 30th until the end of that year.

CEUs are to be submitted annually, with your dues:

Active registered members must attain **10 credits/year**
Inactive registered members must attain **10 credits/year**
Student, Life, Associate, Affiliate and Business members **CEUs not required**

Please complete the following, and return with your payment. PRINT CLEARLY.

NAME: _____

CTABC # _____ **CSCT #** _____

ADDRESS: _____

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

PHONE: _____ **EMAIL** _____

PLACE(S) OF EMPLOYMENT: _____

STATUS: *A request for a **change in status** must be indicated to the board, in writing (form R-108), and signed.

(Circle one): **ACTIVE** ****INACTIVE** **STUDENT** **ASSOCIATE** **AFFILIATE** **BUSINESS**

****CTABC Policy # 4.1:** Registered members must apply annually, in writing, to the Board for **INACTIVE status**. An *Inactive* member must not perform any tests in the field of cardiology, while residing in British Columbia. An *Inactive* member found to be working in the field of electro-diagnostic cardiology is subject to disciplinary action **which may result in loss of membership or a fine of up to \$500.00.**

Any hours worked (in the field of cardiology) *during the calendar year* requires **Active status**, for that year. In the case of casual work arising, **you must update** to active status by submitting form R-108 & payment for the balance of your dues.

SIGNATURE: _____ **DATE:** _____

Note: The CTABC may release membership information to your employer upon request. By signing this for I acknowledge I have read and understood the above information.

Questions? – contact the CTABC Registrar (registrar@ctabc.ca)