



## CARDIOLOGY TECHNOLOGISTS ASSOCIATION OF B.C.

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

### CTABC MEMBERSHIP TRANSFER APPLICATION

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

I am a Registered Cardiology Technologist *transferring from* the province of

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

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

Registered Inactive: \$ 95.00

Submitted by:

Address:

City:

Province:

Postal Code:

Phone:

Email:

**Applicant Signature:**

**CSCT #:**

**Date of Application:**

mm/dd/yyyy

**Proof of title or current registration must be included with this application.**

**Complete form and return to Registrar [registrar@ctabc.ca](mailto:registrar@ctabc.ca) for approval.**

*By applying 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.*