



COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA
APPLICATION
 for
EDUCATIONAL STUDENT
MEMBERSHIP

Office Use Only

Invoice #:
 Date:

Renewal Information

Membership #:
 Amount Due:
 Deadline:

Annual Fees

CDTA Educational Student \$ _____ \$150.00

Total Dues \$ _____

1. Personal Information / Please Type or Print:

Please complete the following information necessary on the lines provided.

Name: Mr./Mrs./Miss/Ms. _____
(last name) initial) (first name)

Mailing or Home Address: _____

City, Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____ Work Fax Number: _____

Home Email Address: _____ Gender: Female Male

Date of Birth: (month) _____ (day) _____ (year) _____

Emergency Contact: _____ Phone: _____

2. Education in Dental Technology or Affiliated Dental Profession

Educational Institution Attending: Name) _____

Business Address Of Institution: _____

Affiliated Professional Memberships _____

3. Employment History

Employer	Employer Address	Employer Phone	Hours Worked in Year
			2011:
			2010:
			2009:
			2008:
			2007:
			2006:

4. Disciplinary Action

Have you ever been disciplined or are you currently being investigated by this or any other Professional Regulatory Body?
(check one) YES NO If yes, please provide details on a separate sheet.

5. Criminal Record Declaration (You are required to obtain a criminal record check to accompany your application)

Criminal Record YES NO If yes, please provide details on a separate sheet.

6. Member Applicant's Signature

The College of Dental Technologists of Alberta believes in protecting the privacy of its members. The College will undertake to protect your personal information while providing you with all the benefits and services that membership provides. ***The College of Dental Technologists of Alberta follows Personal Information Codes guidelines set out by the Government of Alberta for Professional Regulatory Bodies.***

I attest by my signature below that all information provided in this application is correct, accurate and complete to the best of my knowledge; and am aware that the information I provide will be used and disclosed as provided for under current legislation. I also declare that I am in full compliance with the guidelines governing the operations of regulated and non-regulated members alike and respecting the laws of the Health Professions Act, Dental Technologists Profession Regulation and the Bylaws of the College of Dental Technologists of Alberta.

_____ *Member Applicant's Signature*

_____ *Date*

7. Method of Payment

Cheque Money Order

Please make cheque or money order payable to: **College of Dental Technologists of Alberta (CDTA)**

Visa MasterCard

Credit Card # _____ Expiry _____

Cardholders' Name: _____ Cardholders' Signature: _____

8. Payment Terms

N.S.F. cheques will be assessed a \$50.00 fee.

9. Return Information

Your fully completed application must accompany payment. Applications submitted without payment or missing information will be returned to the applicant.

Please mail this application and payment to:

COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA
#7, 9343 50th Street AB T6B 2L5

10. Contact Information

The Registrar's Office

Bob Westlake RDT, Registrar
Ph: (780) 469-0615
Fax: (780) 469-1340



College of Dental Technologists

#7 9343 – 50th Street
Edmonton, Alberta T6B 2L5
Ph: (780) 469-0615, or Toll Free: 1-800-537-0568
Fax: (780) 469-1340
Email: membersinfo@cdta.ca

Visit our website at www.cdta.ca