



COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA
APPLICATION
for
EDUCATIONAL STUDENT
MEMBERSHIP
2020/2021

Annual Fees

Date Due: November 15, 2020

CDTA Educational Student

Total Registration Fees \$_____ **\$180.00**

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 (Dental Technology Related Only)

Employer	Employer Address	Employer Phone	Hours Worked in Year
			2020:
			2019:
			2018:

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.**

Your application will NOT be processed without a Criminal Record Declaration)

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

Visa MasterCard

Credit Card # _____ Expiry _____

Cardholders' Name: _____ Cardholders' Signature: _____

9. Return Information

APPLICATIONS SUBMITTED WITHOUT COMPLETED DOCUMENTATION OR PAYMENT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED BY THE CDTA.

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
#304-13220 St. Albert Trail, Edmonton, AB T5L4W1

10. Contact Information

The Registrar's Office

Tara Tremblay, Registrar
Ph: (780) 469-0615

College of Dental Technologists

#304-13220 St. Albert Trail
Edmonton, Alberta T5L4W1
Ph: (780) 469-0615, Email: membersinfo@cdta.ca

Visit our website at www.cdta.ca

*Please note that College staff is available by appointment only
Applications and original documents
must be sent via Canada Post*