



Registration Dues

Please print:

Last name First name Middle initial

Address Apt. #

City Province Postal Code

Phone numbers (home) (work)

Fax number Email

Name of Hospital and Address

C.S.C.T. Registration Number (if known): _____ N.B.S.C.T. Registration Number (if known): _____

Amount Submitted: Student (75\$) ___ Associate (100\$) ___ Registered (150\$) ___ Non-Active (100\$) ___

Add 50\$ if this is your first application as a one time Administrative Fee (50\$) ___

(Note: Please remember that only Certified Cheques or Money Orders will be accepted, made payable to **NBSCT**)

For the year: _____

Signature Date

**Mail to: Isabelle Desjardins
29 Nicolas St.
Dieppe, NB E1A 8N3**

For more information: Isabelle.Desjardins@HorizonNB.ca

Please do not write below this line – for Administrative use only

Updated in Registry as of: _____

If new member, NBSCT# given = _____ Number assignment file updated _____ Pin _____

Card and Receipt sent on _____