



## 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 : \_\_\_\_\_ N.B.S.C.T. Registration Number: \_\_\_\_\_

Amount Submitted: Student (\$100) \_\_\_ Associate (\$125) \_\_\_ Registered (\$175) \_\_\_ In-Active (\$125) \_\_\_  
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: Kathy Walker  
2283 Golden Grove Rd.  
Saint John, NB  
E2N 1Z8**

**For more information: [NBSCT.Registrar@Hotmail.com](mailto:NBSCT.Registrar@Hotmail.com)**

**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 \_\_\_\_\_