



# Saskatchewan Cardiology Technologists Association

## Application for SCTA Student Membership

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \ TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*\*provided email address must be personal, please DO NOT use an email address affiliated with your school.

### THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM

1. A letter from your school confirming you enrolment in a CSCT approved Cardiology program. The letter should include your student ID number and be signed by a program coordinator.

Email completed application form and required documentation to the SCTA Registrar: [sctaregistrar@gmail.com](mailto:sctaregistrar@gmail.com)

After your application has been approved you will be contacted to confirm your acceptance. You will then be given login instructions to your profile on [www.scta.ca](http://www.scta.ca). Your membership account will then be invoiced, appropriately, and you will be able to pay the Student Membership fee of \$105.00 via VISA, MasterCard or a VISA debit card.

If you would like to make alternate payment arrangements, or for any other additional information please contact the SCTA Registrar directly:  
[sctaregistrar@gmail.com](mailto:sctaregistrar@gmail.com)