

Complimentary Sonography Canada student membership is available for students in Accreditation Canada accredited/registered DMS programs. Please submit this application through your Program Representative at the address provided below.

PERSONAL INFORMATION		PLEASE PRINT CLEARLY	
Name:		Phone:	
Email:			
Mailing Address:			
City:		Province:	Postal Code:
Date of Birth:			

Accredited/Registered Program		PLEASE PRINT CLEARLY	
Program Name:		Phone:	
Email:		Extension:	
Mailing Address:			
City:		Province:	Postal Code:
Instructor Name:			
Program Start Date:		Program End Date:	

Please check which specialty applies:

- Generalist
- Cardiac
- Vascular

Would you like to receive email correspondence about Exams, Conferences, Jobs and other Opportunities?

- Yes
- No

Signatures:

Program Instructor: _____
(Sonography Canada Member)

Student: _____

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info@sonographycanada.ca www.sonographycanada.ca

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