

Student Membership Application Form

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: _____

Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952
info@sonographycanada.ca www.sonographycanada.ca

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