CTTAM

The Certified Technicians and Technologists Association of Manitoba
602 – 1661 Portage Avenue, Winnipeg, Manitoba R3J 3T7 Phone: 204-784-1088 Fax: 204-784-1084
Website: www.cttam.com

STUDENT APPLICATION

PLEASE PRINT Member No.: _____

Name: (Mr./Mrs./Miss/Ms) _____ Birthdate: _____
Please Circle *Last Name* *First Name* *(Month/Day/Year)*

Address: _____
Street *City* *Province* *Postal Code*

Phone No.: _____ Email Address: _____

Home Phone No: _____ Cell Phone No: _____

_____ _____
College Attended Expected Graduation Year

_____ _____
Program Current Year of Registration

From my personal knowledge, I do state that the applicant is a student in an Engineering or Applied Science Technician or Technology Program at a Manitoba College.

_____ _____
Signature of Instructor Date

_____ _____
Signature of Student Applicant Date

- *This Application can be faxed (204-784-1084) or emailed to the CTTAM office (admin@cttam.com).*
- *Annual dues are waived for Student Members.*
- *Student Members should reclassify to Associate in the year of graduation to maintain their affiliation with CTTAM and to have the $140 application fee reduced to $25.00.*