



New Brunswick Association of Medical Radiation Technologists
Association des technologues en radiation médicale du Nouveau Brunswick
205 - 489, avenue Acadie Avenue, Dieppe NB E1A 1H7

Application/Request for Register Change

NBAMRT #:	Preferred Language:	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> X Other:	
Name:	Preferred Name:	Pronouns:	
Mailing Address:			
Telephone: Home: _____ Cell: _____ Work: _____			
Email: _____ Other email: _____			
<input type="checkbox"/> Radiological Technologist	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Magnetic Resonance
Current Employment			
Institution	Location/City	Manager/Supervisor	
I wish to have my registration status changed to: Full Practice <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Senior <input type="checkbox"/>			
I declare that have read, understood, and have provided evidence of the requirements for the registration category as outlined in Section 4(1) of the NBAMRT Bylaws? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SIGNATURE: _____		DATE: _____	
Payment Information			
Administrative Fee of \$50.00 (NBAMRT) + Registration Dues (if applicable) _____ = TOTAL DUE: \$ _____			
\$ Payment Methods: E-Transfer to the NBAMRT Treasurer treasurer@nbamrt.ca or; Cheque / Money Order payable and addressed to the NBAMRT, 400-270 Douglas Avenue, Bathurst, NB E2A 1M9			