



C.S.D.M.S. Student Application Form

Complimentary CSDMS student membership is available for students in accredited ultrasound programs. Please submit this application through your Program Representative.

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

Training School: _____

School's Address: _____

City: _____ Province: _____ Postal code: _____

Start Date for Program: _____ End Date for Program: _____.

Signatures:

Program Representative: _____
(Active CSDMS Member)

Student : _____

Upon completion of training be sure to contact the CSDMS to enjoy the full benefits of ACTIVE membership with Professional Liability Insurance Coverage.

PLEASE SEND YOUR COMPLETED APPLICATION TO:

PO Box 1220, Kemptville, ON K0G 1J0

Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952

info@csdms.com www.csdms.com