



# The Association of Electromyography Technologists of Canada

## New Member Application Form

### Applicant information

Last Name, First Name

Email

I don't want my email to be made available to other members

Phone #

Mobile #

**Address**  This is my preferred correspondence address

Number and Street

Apt

City and Province

Postal Code

### Employer information

Name of employer

**Address**  This is my preferred correspondence address

Number and Street

Apt

City and Province

Postal Code

Phone #

Extension

### Certification

Are you currently certified, registered or licensed by another professional association? Yes  No

If yes, please provide name of association, and title or position you hold in it.

## Academic Background

Please include some details such as areas of specialization, (expected) date of completion.

High School Graduate

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College diploma(s)

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University Degree(s)

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Technical Institute(s)

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Other

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## Experience in Electrodiagnostic procedures

### Employment History

Employer Name and Address	Employment duration From YYYY-MM-DD to YYYY-MM-DD

## Experience in Electrodiagnostic procedures (continued)

### Current Employment

Title

Any other practical training and experience in Electrodiagnostics?

Estimate the number of individuals on whom you do (have done) Nerve Conduction Studies.

Current career total

Ongoing (Monthly)

Level of responsibility

- (i) Basic NCS with supervision
- (ii) Basic NCS without supervision
- (iii) Advanced NCS\* with supervision
- (iv) Advanced NCS\* without supervision
- (v) Assist physician or another technologist

\*advanced NCS: please summarize which tests you consider "advanced":

List Any Other Clinic/Laboratory/Office Duties

Signature

Date YYYY-MM-DD

### Dues payable

**\$60** Active Member | Registered EMG technologists with the BRETC.

**\$40** Associate Member | Non-registered technologists and students in the electro diagnostic field

### Payment options

#### 1. PAYPAL on our website

[AETC.ca](http://AETC.ca)

Your PayPal receipt will be your official AETC receipt. An email will be sent, by the Secretary Treasurer to confirm payment was received

#### 2. CHEQUE (made to AETC)

Send cheque along with this form to:

Karen Sandhu, Secretary-Treasurer AETC  
8th floor EMG Lab  
2775 Laurel Street, Vancouver, BC V5Z1M9  
Receipt will be emailed

\*Membership card only sent upon request. Please contact Secretary-Treasurer if needed.

**Membership runs yearly from June 1, to May 31.**