

I \_\_\_\_\_ hereby apply for membership in the Clinical Teachers' Association at the University of Manitoba.

Office mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed membership forms may be returned to:

Dr. Sadeesh Srinathan  
CTAM President  
Health Sciences Centre  
GE-604, 820 Sherbrook Street  
Winnipeg, MB R3A 1R9

Faxed to (204) 787-7143 OR scanned and sent via an e-mail attachment to [info@ctammb.ca](mailto:info@ctammb.ca).

Membership dues are set at \$100.00

The cheque can be made payable to: **Clinical Teachers' Association at the University of Manitoba** and returned with the membership form.

Thank you.