



SASKATCHEWAN APPLIED SCIENCE TECHNOLOGISTS AND TECHNICIANS (SASTT)

363 Park Street, Regina, SK. S4N 5B2
Bus: (306) 721-6633 Fax: (306) 721-0112
E-Mail: info@sastt.ca Website: www.sastt.ca

STUDENT MEMBERSHIP APPLICATION

I, \_\_\_\_\_
First Name Middle Initial(s) Last Name
PLEASE PRINT

Make application for Student membership in SASTT. I am currently enrolled as a full-time student in semester: [ ] One [ ] Two [ ] Three [ ] Four [ ] Five at:

[ ] SIAST Kelsey Campus:

- [ ] Biotechnology (BT)
[ ] CAD/CAM Engineering Technology (CC)
[ ] Chemical Technology (CH)
[ ] Electronic Systems Engineering (2-year) (ESE)
[ ] Mechanical Engineering Technology (ME)
[ ] Other: \_\_\_\_\_

[ ] SIAST Palliser Campus:

- [ ] Architectural & Building Technology (AR)
[ ] Civil Engineering Technology (CI)
[ ] Computer Aided Design & Drafting Technology (CD)
[ ] Computer Engineering Technology (CE)
[ ] Electrical Engineering Technology (EL)
[ ] Electronics Engineering Technology (EC)
[ ] Environmental Engineering Technology (EN)
[ ] Geomatics Technology (GE)
[ ] Instrumentation Engineering Technology (IN)
[ ] Water Resources Engineering Technology (WR)
[ ] Other: \_\_\_\_\_

[ ] SIAST Wascana Campus:

- [ ] Electronics Technician (ET)
( Option: Telecommunications Radio Systems Technician (TRST) )
[ ] Other: \_\_\_\_\_

I expect to graduate and receive my Technology Diploma / Certificate in the:

[ ] Spring [ ] Winter of 20 \_\_\_\_ Year

I graduated from \_\_\_\_\_, from \_\_\_\_\_ in \_\_\_\_\_.
High School Grade Year

APPLICANT DECLARATION: In making application, I certify that the statements are true. I realize that if any statements are found untrue, it could be basis for rejection or cancellation of my application.

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

PERSONAL INFORMATION:

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current Phone #: (\_\_\_\_) \_\_\_\_\_ Permanent Phone #: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_
Month Day Year PLEASE PRINT

ANNUAL STUDENT MEMBERSHIP FEE . . . NO CHARGE

Submit the completed application form to your Program Head or by mail or fax to the SASTT office. Students must be enrolled in a recognized technology program in Saskatchewan in order to apply for SASTT student membership.

NOTE: Student membership will expire on September 30th of the student's grad year.

For further information on SASTT Student Membership or SASTT Student Awards please visit the SASTT website at: www.sastt.ca.