



SASKATCHEWAN APPLIED SCIENCE TECHNOLOGISTS AND TECHNICIANS (SASTT)

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Phone: 306 721-6633 Fax: 306 721-0112

Email: info@sastt.ca

Website: www.sastt.ca

STUDENT MEMBERSHIP APPLICATION

I, _____
PLEASE PRINT FIRST NAME MIDDLE INITIAL SURNAME

Make application for **Student Membership** in SASTT. I am currently enrolled as a full-time student in semester:

One Two Three Four Five at:

Saskatchewan Polytechnic Saskatoon Campus:

- BioScience (BT)
- CAD/CAM Engineering Technology (CC)
- Chemical Technology (CH)
- Electronic Systems Engineering Technology (ESE)
- Mechanical Engineering Technology (ME)
- Mining Engineering Technology (MG)

Saskatchewan Polytechnic Regina Campus:

- Telecommunications Networking Technician (TNT)
- Other: _____

Saskatchewan Polytechnic Moose Jaw Campus:

- Architectural Technologies (Building Sciences & Interior Design) (AR)
- Civil Engineering Technologies Civil Construction (CI/CN)
- Civil Engineering Technologies Water Resources (CI/WR)
- Computer Engineering Technology (CE)
- Electrical Engineering Technology (EL)
- Engineering Design & Drafting Technology (EDDT)
- Environmental Engineering Technology (EN)
- Geomatics & Surveying Engineering Technology (GE)
- Instrumentation Engineering Technology (IN)

I expect to **graduate** and receive my **technology diploma/certificate** in the: Spring Winter of 201____ .

I, graduated from _____ from _____ in _____
HIGH SCHOOL GRADE YEAR

APPLICANT DECLARATION: I hereby certify that the information completed in this application form is true and correct to the best of my knowledge, and if found untrue, it could be basis for rejection or cancellation of my application. I have read SASTT's Code of Ethics located on the SASTT website at www.sastt.ca, and I agree to abide by them.

Date: _____ Signature: _____
MONTH DAY YEAR

PERSONAL INFORMATION / PERMANENT MAILING ADDRESS:

Apartment/Suite No.: _____ Street: _____ Box #: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone (include area code): Residence: _____ Cell: _____

Date of Birth: _____ Email*: _____
MONTH DAY YEAR *Generic email addresses are not accepted (ie: abcflowers@)

PLEASE PROVIDE A CURRENT EMAIL ADDRESS IN ORDER TO RECEIVE PERIODIC INFORMATION

ANNUAL STUDENT MEMBERSHIP FEE NO CHARGE

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

NOTE: STUDENT MEMBERSHIP WILL EXPIRE ON SEPTEMBER 30th OF THE STUDENT'S GRADUATING YEAR.

For information on student membership, student awards, and the SASTT Code of Ethics visit the SASTT website at: www.sastt.ca.