

### INSTRUCTIONS

Registrants are responsible for immediately notifying the College of any change of address, name, or any other registration information previously provided to the College. This form must be completed and signed in accordance with the format provided. Mandatory Business/Clinic Address is mandatory. If you have additional addresses to provide, please attach a separate page. This form may be mailed, faxed or emailed to the College.

Student Registrants: Please disregard the Mandatory Business / Clinic Address if not applicable.

### PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
CTCMA Registration Number	Date of Birth (MM/DD/YYYY)	

### MANDATORY BUSINESS / CLINIC CONTACT

Business / Clinic Name (if applicable):		
Business / Clinic Address:		City:
Province:	Postal Code:	Country:
Email (if applicable):	Tel:	Fax (if applicable):

### HOME CONTACT

Home Address:		City:
Province:	Postal Code:	Country:
Email:		
Tel:	Cell:	Fax:

### MANDATORY MAILING ADDRESS

The Mandatory Business/Clinic Contact will be deemed as Mandatory Mailing Address if you leave this section blank.

Business / Clinic Address     Home Address

### REGISTRANT'S SIGNATURE

I confirm the information provided above are true, complete, and correct. Please complete, sign and submit this form to CTCMA by mail, fax, or email.

_____ Signature of Applicant	_____ Date
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