



**New Brunswick Society of Medical Laboratory Technologists
Application for Maritech Grant**

Name: _____

Home Address: _____

Home Telephone: _____

Business Telephone : _____

Place of Employment : _____

Years of active membership in NBSMLT: _____

Previous grant Yes _____ No _____ If yes, when? _____

Professional Activities:

Academy: _____

Provincial : _____

National : _____

**Mail or Fax to:
NBSMLT, PO Box 1812
Moncton, NB
E1C 9X6
Telephone: (506) 758-9956
Fax: (506) 758-9963**

Applications must be received on or before *October 1, 2010*