



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Email: info@sct.org.nz

APPLICATION FOR RENEWED MEMBERSHIP

(This form is for those people whose SCT membership has lapsed in the past few years and wish to renew.)

DATE: _____

Christian Names _____ Surname _____

POSITION HELD: _____

DEPARTMENT NAME: _____

WORK ADDRESS: _____

WORK PHONE: _____ EMAIL: _____

State previous MEMBERSHIP TYPE: _____ Student / Associate / Affiliate / Fellow / Holder of COP / Ordinary

State the year you first joined SCT: _____

State the last year you were a financial member: _____

Please note that if you have not practised as a Physiologist/Technician for >5 years and intend to return to work, please refer to our *return to practise* policy on our website for guidance.

PAYMENT OF SCT MEMBERSHIP FEES of \$50

Please note; we do not require payment upon application. If your application is successful, we will supply payment details to you.

DECLARATION

- * I declare that the statements I have made are accurate.
- * I declare to be governed by the rules and regulations of the Society.
- * I agree to inform the Society immediately of any change in circumstances, which may affect my right to continue as a member of the Society.

SIGNED: _____