c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.

[www.sct.org.nz](http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 $100**

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_