



# The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.  
[www.sct.org.nz](http://www.sct.org.nz) Telephone (09) 630-9924. Email: info@sct.org.nz

## APPLICATION FOR MEMBERSHIP

NAME: Mr Miss Ms Mrs

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

EMPLOYER: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_

EMAIL: \_\_\_\_\_

If you would like all correspondence sent to an address other than the hospital please indicate alternative address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP TYPE: (Circle desired membership. See society information sheet for details).

ASSOCIATE (studying towards an SCT qualification)

ORDINARY (Holds an SCT qualification)

AFFILIATE (affiliated membership only e.g. industry and/or holds other relevant qualifications as accepted by the SCT. A full CV is required for this membership type with copies of your qualifications)

### Official Use Only:

Date payment received \_\_\_\_\_ Payment Type: Cash / Cheque / Internet Entered on Database

**EDUCATIONAL BACKGROUND**

Please list all relevant qualifications below.

(A copy of certificates must be attached. Tick box to confirm):

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

**EMPLOYMENT DETAILS**

Total (Full Time Equivalent) years experience as a cardiopulmonary technician: \_\_\_\_\_

Start date of current position: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Technical procedures performed in current position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PROPOSAL FOR MEMBERSHIP**

I, \_\_\_\_\_ being a current member of the Society, and having personal knowledge of \_\_\_\_\_ propose that he/she is elected to membership of the Society.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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**TO BE COMPLETED BY COUNCIL:**

Application    ACCEPTED    NOT ACCEPTED

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



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## FEES PAYMENT FORM

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

HOSPITAL: \_\_\_\_\_

**Please note that no application will be processed unless your payment is included with this application form.**

Annual subscription as a Member is: \$50.00

**TOTAL ENCLOSED (NZ\$)** \$ \_\_\_\_\_

### If you are paying by Internet Banking:

Bank account number is: 38-9005-0953987-00  
Bank: Kiwibank  
Account name: Society of Cardiopulmonary Technology

Please note the following details on the payment statement.

Particulars: SCTmember  
Code: current financial year (e.g. 2008)  
Reference: your first initial, then surname

Please attach the payment confirmation page from the internet bank to this application form as proof of payment.

NB: Payment by Australian residents must be made by bankdraft in NZ dollars.