



# 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](http://www.sct.org.nz) Email: [info@sct.org.nz](mailto: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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \$150

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