



ORDINARY MEMBERSHIP FORM

To be returned to SCST, c/o British Cardiovascular Society, 9 Fitzroy Avenue, London, W1T 5HW, UK
Please complete in capital letters and in black ink. All fields marked with an * are mandatory.

*Title	*First name:	*Surname:		
Former name:				
Date of birth:				
*Position:				
*Permanent (home) mailing address, including postcode:				
*Telephone number (Work):			Alternative number e.g. mobile:	
*Email address:				
*Name and full address of present work (including postcode):				
Work email address:				
Membership Criteria – tick as many as apply (please forward photocopied evidence of all that apply):				
Award	Tick	Registrant number	University	Date Awarded
Current RCCP registrant	<input type="checkbox"/>			
RCCP Accredited: BSc (Hons) Clinical Physiology (Cardiology)	<input type="checkbox"/>			
Accredited BSc (Hons) Healthcare Science (Cardiac Physiology) (Practitioner Training Programme)	<input type="checkbox"/>			
Current HCPC registered Clinical Scientist (Cardiology)	<input type="checkbox"/>			

- Ordinary membership fee is £50 per annum. For SCST membership rules see www.scst.org.uk

Signature of applicant.....

Date.....

Please note by signing you agree to have your name published on the SCST online register unless requested otherwise.

