



THE SOCIETY FOR _____
CARDIOLOGICAL SCIENCE & TECHNOLOGY

Founded 1948

Incorporated 1965

APPLICATION FOR SCST MEMBERSHIP 2012 (BY DIRECT DEBIT)
Fee £45

**To be returned to SCST Administration, C/o Executive Business Support (EBS), City Wharf,
 Davidson Road, Lichfield, Staffordshire WS14 9DZ.**

Please complete form fully indicating the membership status you wish to apply for:		Please tick
Member of the Society for Cardiological Science & Technology (MSCST)	£45	
Healthcare Science Assistant (Cardiology)	£45	
Title and full name:		
Maiden name:		
Date of birth:		
Correspondence address, including postcode:		
Name of hospital and department:		
Full hospital address, including postcode:		
Telephone number(s) (Please ensure you include one daytime telephone contact number):		
Email address (It is essential to provide an e-mail address):		
Alternative email address:		
QUALIFICATIONS		
OTEC <input type="checkbox"/>	BSc <input type="checkbox"/>	PhD <input type="checkbox"/>
HTEC <input type="checkbox"/>	MSc <input type="checkbox"/>	MBA <input type="checkbox"/>
NVQ3 <input type="checkbox"/>	BA <input type="checkbox"/>	Other <input type="checkbox"/>
Certificate in Electrocardiography <input type="checkbox"/>		
Details of main qualifications e.g. title & year:		
Post held (e.g. Cardiographer, Trainee Cardiac Physiologist, Cardiac Physiologist):		

Main role and Contract hours:
Techniques currently performed by applicant
Who responsible for training: (name)
Starting date: Signed (Head of Department)
I, the undersigned, agree that, in the event of my election to membership of the Society for Cardiological Science and Technology, I will be governed by the rules, regulations and Articles of Association of the Society, for the time being in force, and that I will advance the objects of the Society so far as shall be within my power, provided that, whenever I shall signify in writing that I wish to retire from the Society, I shall, after payment of any arrears or subscription that may be due from me at the date of such resignation, be free from this obligation.
Your signature :
Date:

When completed this form and completed Direct Debit form should be returned to:-

**SCST Administration
C/o Executive Business Support (EBS)
City Wharf, Davidson Road
Lichfield
Staffs. WD14 9DZ**

£45.00 will be collected from your bank account on an annual basis (unless advised otherwise)

FOR OFFICE USE ONLY
Date registered:
Registration No.:
Administrator:

Members elected on or after 1st November in any year shall not be required to pay any subscription on 1st January the following year.



British
Cardiovascular
Society



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form excluding official use box and reference number using a ball point pen and send it to:

British Cardiovascular Society
9 Fitzroy Square
London
W1T 5HW

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society
To: The Manager Bank/Building Society
Address
Postcode

Reference Number
S C S T

Originator's Identification Number

9 1 1 9 9 4

FOR British Cardiovascular Society OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Instruction to your Bank or Building Society

Please pay British Cardiovascular Society Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with British Cardiovascular Society and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

DD11

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there any changes to the amount, date or frequency of your Direct Debit, BCS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BCS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by BCS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when BCS asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.