



BNCS MEMBERSHIP APPLICATION

TITLE _____

FIRST NAME _____ LAST NAME _____

WORK POSITION _____

HOSPITAL POSITION _____

HOSPITAL CLINIC _____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE _____ FAX _____

EMAIL _____

I AM (PLEASE INDICATE) CARDIOLOGIST _____

NUCLEAR MEDICINE PHYSICIAN _____

NURSE _____

PHYSICIST _____

RADIOGRAPHER _____

TECHNICIAN _____

OTHER PLEASE SPECIFY _____

YOUR DEGREES OR QUALIFICATIONS _____

Please attach your cheque for £35.00 payable to BNCS.

Return to Daljit Panesar BNCS Secretariat

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London SW3 6NP

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