



# BNCS MEMBERSHIP RENEWAL

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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