



Application for Associate Membership

PLEASE PRINT CLEARLY

Title: Dr / Mr / Mrs / Ms / Other	Surname:	Forename(s):
Job Title:	Grade:	Specialty:
Address for correspondence:		
Postcode:		
Work address (if different from above):		
Postcode:		
Daytime telephone number:		
Mobile telephone number:		
Email address:		
Second email address (if applicable):		
Please provide professional registration details below:		
GMC	Registration number:	
NMC	Registration number:	
GDC	Registration number:	
HPC	Registration number:	
Other (please specify)	Registration number:	Organisation:
Qualifications:		
Experience in the field of resuscitation:		
Are you an Instructor for any RC(UK) courses? e.g. ALS If 'YES' please give details below	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please state your reasons for wishing to join the Resuscitation Council (UK):

Are you a member of the European Resuscitation Council ?

YES

NO

If you are a member of any other professional body please give details below:

Signature:

Date:

Subscription Rates:

Associate membership £20 pa

Payment by credit/debit card:

- Please complete the payment details on the next page

Payment by cheque:

- Please send your cheque for £20.00 payable to 'The Resuscitation Council UK' with this application form.

Subsequent years' subscriptions should be paid by standing order.

