



Application for Full 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"/>

Are you currently an Associate Member of the Resuscitation Council (UK) ?	YES <input type="checkbox"/>	Start date of membership:	NO <input type="checkbox"/>
Please state your reasons for wishing to join the Resuscitation Council (UK):			
Please list relevant publications / research projects which you have led:			
Are you a member of the European Resuscitation Council ?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If you are a member of any other professional body please give details below:			
Signature:			
Date:			

Subscription Rates:

Full membership £25 pa

Payment by credit/debit card:

- Please complete the payment details on the next page

Payment by cheque:

- Please send your cheque for £25.00 payable to 'The Resuscitation Council UK' with this application form.

Subsequent years' subscriptions should be paid by standing order.
We will send you further details once your application has been reviewed.

Please note:

Your application will be considered at the first opportunity by the Executive Committee which convenes three times per year. There may be a delay before you are notified of the outcome of your application.

