



SOCIETY OF
CARDIOVASCULAR
COMPUTED TOMOGRAPHY

Membership Application

Membership Type

Physician/Scientist Member

- 1-year SCCT membership - \$250
 3-year SCCT membership - \$675 *A savings of \$75!*
 5-year SCCT membership - \$1100 *A savings of \$150!*

International Member

Australia, New Zealand, Canada, Europe, and Japan

- 1-year SCCT membership - \$200
 3-year SCCT membership - \$575 *A savings of \$25!*
 5-year SCCT membership - \$950 *A savings of \$50!*

International Member—Emerging Markets - \$95 Annual Dues

Physicians and scientists, located outside the United States in countries other than Australia, New Zealand, Canada, Europe, and Japan.

CEO/Non-Physician Administrator Member - \$100 Annual Dues

Institutional Membership - \$1000 Annual Dues

Member benefits for 5 Physician/Scientist Members and 1 Non-Physician/Scientist Member (Technologist, Nurse, Administrator, etc.)
Please note: all members must be from the same institution/organization and must have the same mailing address.

Associate Member - \$100 Annual Dues

Nurses, physician assistants, biomedical engineers, computer specialists and industry representatives.

Fellow/Resident Member - \$75 Annual Dues

Applicants must submit a letter from their training program director to verify enrollment in fellowship training program. This letter must include an estimated month and year of training completion.

Technologist Member - \$75 Annual Dues

Contact Information (Required Information*)

First Name*	Middle Initial	Last Name*	Degrees (MD, DO, PhD, RT, RN, etc.)
Title	Group Practice/Institution/Company Name		Gender
Address (line 1)*			
Address (line 2)			
City*	State/Province*	Zip/Mail Code*	Country*
Telephone (Please include country/area codes)			

Email Address* (SCCT communicates with membership primarily through email. It is important that we have your email address or you may miss out on important communications from SCCT.)

Professional Information

Professional Environment (select one):

- Private Academic Industry

Percentage of time spent on Cardiac CT (select one):

- 25% 50% 75% 100%

Primary Specialty (select one):

- General Clinical Cardiology Echocardiography
 Nuclear Medicine Interventional Cardiology
 Cardiovascular CT Pediatric Cardiology
 Radiology Radiologist & Cardiac CTA
 Other: _____

Verification Type (select one):

- Level 2 Level 3 Vascular Not Verified

As a member of SCCT, I pledge myself to the highest ethical standards in my use of cardiovascular CT. I fully understand that if I engage in any practice which in the determination of the SCCT is deemed to be in violation of this pledge, that the SCCT has full authority to cancel my membership.

Submitted by _____ Date _____

Payment by Check

Applications will not be processed without payment or completion of all applicable fields. If paying by check, complete and print this form and mail with check (US Funds payable to a US bank)

Society of Cardiovascular Computed Tomography
 415 Church Street NE, Suite 204
 Vienna, VA 22180

Payment by Credit Card

- Visa MasterCard American Express Discover

Credit Card Number	Expiration Date (mm/yy)
Name as it appears on credit card	CVV Code
Credit card billing address (city, state, zip) if different than above	
Signature	