



www.scottishintensivecare.org.uk

Scottish Intensive Care Society

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MEMBERSHIP APPLICATION FORM (please use block capitals and complete all fields)

Title (Miss / Dr / Mr etc): _____

Name : _____

Profession or Speciality : _____
(Intensivist / anaesthetist / nurse / physiotherapist etc)

Position or Grade: _____

Main Hospital (or rotation
if in training): _____

I wish to apply for membership of the Scottish Intensive Care Society as a

Full Member £30 per annum
(Medical Staff)

Retired Clinician or Associate Member
(Other Health Professionals working in ITU)
£15 per annum

E-mail address 1: _____

E-Mail address 2: _____

Home Address : _____

Post Code : _____

Please send mail to my hospital address
(Mail will sent to your hospital address if this box is not checked)

I am a member of the UK Intensive Care Society Yes No

Signed _____ Date _____

Please return this form and the completed Direct Debit mandate to the address overleaf.

The SICS membership details are held securely on a computer database which is registered under the Data Protection Act.

