

**PAEDIATRIC INTENSIVE CARE SOCIETY (UK)
APPLICATION FOR MEMBERSHIP**



TITLE: MR, MRS, MISS, MS, DR, OTHER

SURNAME FORENAME

PROFESSIONAL ADDRESS

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HOME ADDRESS:

.....

TELEPHONE NO FAX

E-MAIL ADDRESS.....

PRESENT PROFESSIONAL POSITION:

ADDRESS FOR CORRESPONDENCE Home Work
(Please tick as appropriate)

Type of ICU worked in at present (please circle as appropriate):

Adult / Paediatric

General / Cardiothoracic / Surgical / Burns / Neonatal / Neurosurgical

Other (please specify)

Activity in Intensive Care: Full time

Part time %

Special areas of interest and / or publications relating to intensive care

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The annual subscription is paid by Direct Debit and collected in April every year. The subscription amount is dependent upon which journal is chosen. Please select one of the following journals:

Pediatric Critical Care Medicine - £90 per annum

Nursing in Critical Care - £45 per annum

Please return the completed application form together with your Direct Debit mandate to:

Paediatric Intensive Care Society, 21 Portland Place, London. W1B 1PY

Tel: 020 7631 8819; Email: pics@aacbi.org