

Membership Application

Join NOW! Choose from four easy ways to join:

- 1 Visit us online at www.sccm.org/join
- 2 Call SCCM Customer Service at +1 847 827-6888
- 3 Fax the completed membership application to +1 847 827-6886
- 4 Mail the completed membership application along with payment to: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350 USA

Personal Information (Please Print)

Prefix _____ First Name _____ Middle Initial _____ Last Name (Surname) _____ Designation (MD, RN, PharmD, etc.) _____ Profession _____

Institution Name _____ Title _____

Address

Office Number/Street/Suite Preferred _____ City/State/Province _____ Zip _____ Country _____

Home Number/Street/Suite Preferred _____ City/State/Province _____ Zip _____ Country _____

Phone/Email

Business Phone Number Preferred _____ Business Email Preferred _____

Home Phone Number Preferred _____ Home Email Preferred _____

Certifications

Board Certification(s)/License(s) & Year: _____ Subspecialty Board & Year: _____

In-Training (required if currently enrolled in training program)

Type of Residency/Fellowship _____ Institution Name _____ Start Date (MM/DD/YY) _____

Program Director's Name _____ Location _____ End Date (MM/DD/YY) _____

Privacy Statement: SCCM periodically rents its membership list to organizations that wish to promote educational courses, publications and other products or services that are of interest to critical care practitioners. *If you wish to be excluded, please check here*

Membership Options

- Healthcare Professional** Dues \$169 U.S. - Available to all healthcare professionals except physicians. Provides full privileges of membership.
- Physician** Dues \$390 U.S. - Provides full privileges of membership.
- International Physician** Dues \$266 U.S. - Available to physicians residing outside the United States. Provides privileges of membership, except the right to make motions, vote or hold office.
- Young Physician** Dues \$205 U.S. - Available to physicians who have completed their fellowship training programs within the last three years. Documentation verifying the fellowship program completion date is required. Provides full privileges of membership.
- In-training** (check one) Fellow Resident Student Dues \$90 U.S. - Available to individuals in specialty training programs or pursuing education in healthcare and related fields. Provides privileges of membership, except the right to make motions, vote or hold office. *Verification letter from program director is required.*
- International Associate** Dues \$60 U.S. - Available to all healthcare professionals residing outside the United States. Provides privileges of membership, except the right to vote, make motions, hold office, receive *Critical Care Medicine*, or apply for fellowship in the American College of Critical Care Medicine.

Specialty Sections

Membership in SCCM includes the option to join up to three specialty sections.

Please check a maximum of three:

- Anesthesiology
- Clinical Pharmacy & Pharmacology
- Emergency Medicine
- Industry & Technology
- Internal Medicine
- In-training
- Neuroscience
- Nursing
- Osteopathic Medicine
- Pediatric*
- Physician Assistants
- Research
- Respiratory Care
- Surgery
- Uniformed Services

*Please note that Pediatric Section membership has an associated fee of \$187 U.S., which includes a subscription to *Pediatric Critical Care Medicine*.

Chapters

Membership includes the option to join one of 12 state and regional chapters for an additional fee of \$45 U.S. (In-training members may join at no cost.)

- Baltimore
- Carolinas/Virginias (NC, SC, VA, WV)
- New Jersey
- New Mexico
- North Central (IA, MN, ND, SD, WI)
- Northeast (CT, MA, ME, NH, NY, RI, VT)
- Northern California
- Ohio
- Oregon
- Pennsylvania
- Southeast (AL, AR, GA, KY, LA, MS, TN)
- Texas

Demographic

Primary Employment Settings

- Government Hospital/Clinic
- Medical School/University
- Non-Government Hospital/Clinic
- Pediatric/Multispecialty Group Practice
- Solo/Two-Physician Practice
- Staff Model HMO
- Other: _____

Primary Practice/Position Area

- Military
- Rural
- Suburban
- Urban, inner city
- Urban, non-inner city
- Other: _____

Ethnic/Culture Group

- African American/Black
- Asian/ Pacific Islander
- Hispanic
- Native American/Native Alaskan
- White/Non-Hispanic
- Other: _____

Gender

- Male
- Female

Date of Birth (mm/dd/yyyy)

Payment Information

Annual Dues

_____ Add \$187 U.S. if Pediatric Section membership selected.

_____ Add \$45 U.S. if Chapter membership selected.
(No charge for In-training members)

Total Enclosed \$ _____ U.S.

- Check** made payable to Society of Critical Care Medicine (U.S. funds drawn on U.S. bank) or International Money Order

Charge to: American Express Discover MasterCard Visa

Card Number _____ Expiration Date _____

Cardholder Name _____

Signature _____ Date _____