|  |  |
| --- | --- |
| Office use |  |
| Title |  |
| First Name |  |
| Last name |  |
| Telephone |  |
| Email address |  |
| Correspondence  Address |  |
| Job title |  |
| Hospital |  |

**British Intrapartum Care Society**

**Membership Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Fee** | | | **Please tick** |
| Consultant | | £50 |  |
| Trainee / Student | | £35 |  |
| Midwife | | £35 |  |
| Non-clinical member | | £35 |  |
| Areas of particular interest *i.e. PPH, Operative vaginal births, Patient Safety, Risk Management etc;* | | | | | | |
| I agree that the information provided on this form can be used by the BICS and others working with them. I understand my right to ask to see the information held about me by the BICS.  I further agree that the I will adhere to the Data Protection Act and I will not disclose any patient identifiable information to other members of the BICS in person, in print or electronic media. | | | | | | |
| Signature |  | | | | Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STANDING ORDER FORM – please set up via your online banking or send to your bank** | | | | | | |
| To: Bank |  | | | | | |
| To: Address |  | | | | | |
|  | | | Postcode |  | |
| Branch sort code |  | | | Account name |  | |
| Account number |  | | | Signature |  | |
| **PLEASE PAY immediately and then on an annual basis until further notice:** | | | | | | |
| The sum of | **£** | In words: | |  | | |
| To: Bank | Lloyds Bank | | | | | |
| Branch sort code | 30 96 26 | | Account number | | | 35051960 |
| Account name | **British Intrapartum Care Society [BICS]** | | | | | |
| Please use your name as the reference | | | | | | |

PLEASE EMAIL THIS FORM TO membership@bicsoc.org.uk