|  |  |
| --- | --- |
| 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 |  |

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| --- |
| **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