



BASICS Scotland

Membership Application Form

Title:	
First Name:	
Surname:	
Job Title:	
Please circle to indicate type of membership:	Full Member Associate Member Student Member
Employing Authority/Work Address:	
Work telephone number:	
Home Address:	
Telephone:	
Mobile Telephone:	
Email Address:	
Membership No: (if previous member)	
Preferred Contact Details: (please indicate whether you would prefer to be contacted at home or business)	Home <input type="checkbox"/> Business <input type="checkbox"/>

Subscription Rates:

FULL MEMBER (Doctor, Consultant etc)	£65 per annum
ASSOCIATE (Nurse, Paramedic etc)	£35 per annum
STUDENT	FREE

Membership for BASICS Scotland runs from 1 April to 31 March each year.

Please make your cheque payable to:

BASICS Scotland

Please return this form with payment to:

**BASICS Scotland, Sandpiper House, Aberuthven Enterprise Park,
Main Road, ABERUTHVEN Perthshire PH3 1EL**