Commit to Critical Care

Connecting a global community of critical care clinicians, the Society of Critical Care Medicine (SCCM) serves as a leader in critical care best practices. With more than 16,000 members in over 100 countries, SCCM is the only multiprofessional organization dedicated exclusively to the advancement of critical care, education, research, and advocacy.

Membership gives you access to resources and activities that promote excellence in patient care and enhance delivery of the right care at the right moment.

Join SCCM today and become part of a community committed to securing the highest-quality care for critically ill and injured patients.

To join, visit sccm.org/join or complete the application on the reverse side. Applications can be faxed to +1 847 439-7226 or mailed to SCCM, 35083 Eagle Way, Chicago, IL 60678-1350 USA.

Mission: The mission of the Society of Critical Care Medicine is to secure the highest-quality care for all critically ill and injured patients.

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Membership Application

CHOOSE FROM FOUR EASY WAYS TO JOIN

1. Visit us online at sccm.org/join
2. Call SCCM Customer Service at +1 847 827-6888
3. Fax the completed membership application to +1 847 439-7226
4. Mail the completed membership application along with payment to: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350 USA

PERSONAL INFORMATION (PLEASE PRINT) Any incomplete or missing information will delay the order or application.

Prefix  First Name  Middle Initial  Last Name (Surname)  Designation (MD, RN, PharmD, etc.)
Professional Institution Name  Title  National Provider Identifier Number
Office Number/Street/Suite  □ Preferred  City/State/Province  Zip  Country
Home Number/Street/Suite  □ Preferred  City/State/Province  Zip  Country
Business Phone Number  □ Preferred  Business Email  □ Preferred
Home Phone Number  □ Preferred  Home Email  □ Preferred
Board Certification(s)/License(s) & Year  □ Subspecialty Board & Year

Privacy Statement: SCCM periodically rents its membership list to third parties 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 included, please check here.
SCCM would like to provide you updates on educational courses, publications, products, and other critical care news via email. If you wish to be included, please check here.

MEMBERSHIP OPTIONS
Select Members
□ Healthcare Professional $265
□ Physician $546

Professional Members
□ Healthcare Professional $181
□ Physician $410

Associate Members
□ Healthcare Professional $70
□ Physician $145

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  □ Neuroscence
□ Nursing  □ Osteopathic Medicine  □ Pediatrics*
□ Physician Assistants  □ Research  □ Respiratory Care
□ Surgery  □ Uniformed Services

CHAPTERS
Membership includes the option to join one of 17 state and regional chapters for an additional fee of $45 U.S.
□ Baltimore  □ New York  □ North Central (IA, MN, ND, SD, WI)
□ Carolinas/Virginias (NC, SC, VA, WV)  □ Midwest (IL, IN, MO)  □ Northeast (CT, MA, ME, NH, NY, RI, VT)
□ Delaware  □ New Jersey  □ Northern California
□ Florida  □ New Mexico  □ Ohio
□ Oregon  □ Pennsylvania  □ Southeast (AL, AR, GA, KY, LA, MS, TN)
□ Southern California  □ Texas

DEMOGRAPHIC
Date of Birth (mm/dd/yyyy)

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:______________________

PAYMENT INFORMATION

Annual Dues $__________
Add $220 U.S. if Pediatrics Section membership selected. $__________
Add $45 U.S. if Chapter membership selected. $__________
Total Enclosed (U.S$) $__________

□ Check made payable to Society of Critical Care Medicine (U.S. funds drawn on U.S. bank) or International Money Order
□ Credit Card:  □ American Express  □ Discover  □ MasterCard  □ Visa
Card Number ____________________________
Expiration Date _________________________CVV2. (Located on the back of the card)
Cardholder Name______________________
Cardholder Signature ______________________ Date ______________________

*Please note that Pediatrics Section membership has an associated fee of $220 U.S., which includes a subscription to Pediatric Critical Care Medicine.*
**Membership dues are not refundable.
*Membership includes a $206 subscription to Pediatric Critical Care Medicine.*

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