

Membership Application

Join NOW! 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)

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: _____

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

Associate Membership
Healthcare Professional \$60
Physician \$90

Professional Membership
Healthcare Professional \$178
Physician \$405

Select Membership
Healthcare Professional \$226
Physician \$490

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
- Pediatrics*
- Physician Assistants
- Research
- Respiratory Care
- Surgery
- Uniformed Services

*Please note that Pediatrics Section membership has an associated fee of \$220 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.

- Baltimore
- Carolinas/Virginias (NC, SC, VA, WV)
- Florida
- New Jersey
- New Mexico
- North Central (IA, MN, ND, SD, WI)
- Northeast (CT, MA, ME, NH, NY, RI, VT)
- Northern California
- Southern 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: _____

Date of Birth (mm/dd/yyyy)

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

Charge to: American Express Discover MasterCard Visa

Card Number Expiration Date

Cardholder Name

Signature Date

Membership dues are not refundable.

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