



BASICS SCOTLAND MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Title: _____

First Name: _____ Surname: _____

Job Title: _____ Organisation: _____

Address: _____

_____ Post Code: _____

Tel No: _____ Mobile: _____

E-mail: _____

MEMBERSHIP DETAILS

BASICS Scotland Membership runs on an annual basis.

Please specify the type of membership you wish to apply for by ticking the appropriate box.

Membership	Rate <i>per annum</i>	Please Tick
Doctor	£75	
Allied Health Professionals (nurses, paramedics etc)	£40	
Students/Voluntary Organisation	£20	
Non-Clinical Organisations	£40	
Retired Doctor	£37.50	
Retired Allied Health Professionals (nurses, paramedics etc)	£20	

Membership No. (if previous member): _____

Professional registration, body and number (GMC, HPC, NMC): _____

PAYMENT DETAILS

Please return this Membership Application Form, along with payment to:
BASICS Scotland, Sandpiper House, Aberuthven Enterprise Park, Main Road, Aberuthven, PH3 1EL

Please make cheques payable to "BASICS Scotland Ltd"

Bank transfers should be sent to:

The Clydesdale Bank

Account Name: BASICS Scotland Ltd

Account No: 70431341

Sort Code: 82-69-17

Please e-mail remittances to: accounts@basics-scotland.org.uk