

SICM Councillor Membership Form

The "Your Details" section only needs to be filled in if there have been any changes since your application to be an Associate.

The form needs to be submitted at least **three months** before the next SICM Annual General Meeting.

Your Details (if different from details in Associate application):

First name(s):

Surname:

Address:

Phone number:

Mobile number:

E-mail address:

Your e-mail address is the main way in which we contact you. Please ensure this is clear and correct.

Medical information:
(including allergies)

Reason for application:

References:

Two current Councillors must recommend your application. Please fill in their details below.

1. Name:

Phone:

2. Name:

Phone:

Signed:

Prospective Associate's signature

Date:

Signed:

Executive Committee Member's signature

Date: