

## SCATA MEMBERSHIP APPLICATION FORM

Please provide the following details for the SCATA membership database. Type or write clearly.

TITLE AND INITIALS

SURNAME

FIRST NAME

POST HELD

HOSPITAL (permanent staff and SHOs)  
or ROTATION and CCST DATE (SpRs)

ADDRESS INCLUDING POSTCODE

PREFERRED PHONE NUMBER FOR CONTACT

PREFERRED EMAIL ADDRESS

HOME PHONE NUMBER (*optional*)

MOBILE NUMBER (*optional*)

SECOND EMAIL ADDRESS (*optional*)

PERSONAL WEBSITE URL (*optional*)

Email is SCATA's preferred method of communication with members. SCATA will only use members' email addresses for SCATA business and will not disclose them to any individuals or organisations outside SCATA. Members can choose if they wish to have their name and email address published in the Members Only area of SCATA's web site for other members to see.

**Do you want your name and email address to be published in the Members Only area of SCATA's web site?**      **YES**      **NO**      **(Delete as appropriate)**

**METHOD OF PAYMENT**    Standing Order / Cheque / Cash / PayPal    (*Delete as appropriate*)

The preferred method of payment is by Standing Order. A form for this is available separately. Cheques should be made payable to the Society for Computing and Technology in Anaesthesia. The annual subscription is £20, except for trainees and retired members for whom the subscription is £10.

The completed form should be sent with your payment to the Honorary Treasurer of SCATA:  
Dr A D Donovan. Anaesthetic Department, Musgrove Park Hospital, Taunton, TA1 5DA

**Telephone:** 01823332860    **Email:** treasurer@scata.org.uk