

MEMBERSHIP APPLICATION FORM

AFFILIATE MEMBER

This category of membership is for:

A person who is an overseas FRANZCR equivalent* qualified radiologist, who is either training in interventional radiology or has completed interventional radiology training and is not a Fellow member of RANZCR, or is an IR working outside of Australia and New Zealand. They will have no voting rights but will receive full member benefits and may become a member of a relevant IRSA subcommittee or Special Interest Group.

* 'FRANZCR equivalent' qualified radiologist will be determined by the IRSA Executive Committee.

IRSA Affiliate Membership Join Fee (month of joining) Australian Resident - GST Inclusive			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$424.00	\$318.00	\$212.00	\$106.00

Affiliate Membership will be charged at \$424.00 AUD (incl. GST) annually for Australian residing members.

IRSA Affiliate Membership Join Fee (month of joining) Not a Resident of Australia – GST Exclusive			
Jan – Mar. <input type="checkbox"/>	Apr – June. <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$386.00	\$290.00	\$193.00	\$97

Affiliate Membership will be charged at \$386 AUD (excl. GST) annually for non-Australian residing members.

Please email this completed form along with your current CV to IRSA
Secretariat secretariat@irsa.com.au

Once your application has been reviewed and approved by the President or Secretary, you will be notified in writing and asked to make payment to finalise your membership with IRSA.

YOUR DETAILS

Title:

Name:

Qualifications (e.g. MBBS, FRANZCR, EBIR):

Preferred Mailing Address: WORK HOME

Principal place of work:

Email Address:

Preferred phone: MOBILE WORK HOME

Alternative phone: MOBILE WORK HOME

Area(s) of Interest in Interventional Radiology:

Academic/Research Interests:

Last year my estimated time spent doing diagnostic work and interventional procedures was:

Diagnostic	%	Interventional	%
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Signature

Date:

Please have page 3 completed by your membership supporters.

IRSA MEMBERSHIP SUPPORTERS' DETAILS

Candidates for affiliate membership must be sponsored by two active Interventional Radiologists who are familiar with and can substantiate the experience of the candidate OR by two active IRSA members.

I support the application for IRSA membership for: (name of applicant)

First Supporter

Name:

Signature:

Qualifications (including BIR):

Position title:

Practice/Hospital:

Preferred phone No:

Second Supporter

Name:

Signature:

Qualifications (including BIR):

Position title:

Practice/Hospital:

Preferred phone No:
