

MEMBERSHIP APPLICATION FORM

FULL MEMBER

This category of membership is for:

A full member shall be a member of the Royal Australian and New Zealand College of Radiologists (“the RANZCR”) who is engaged in the practice of interventional radiology in Australasia or deemed by the Committee to be so engaged.

IRSA Full Membership Join Fee (month of joining) Australian Resident - GST Inclusive			
Jan – Mar. ☐	Apr – June ☐	Jul – Sept. ☐	Oct – Dec. ☐
\$474.00	\$356.00	\$237.00	\$119.00

Full Membership will be charged at \$474.00 AUD (incl. GST) annually for Australian residing members.

IRSA Full Membership Join Fee (month of joining) Not a Resident of Australia – GST Exclusive			
Jan – Mar. ☐	Apr – June. ☐	Jul – Sept. ☐	Oct – Dec. ☐
\$431.00	\$323.00	\$216.00	\$108

Full Membership will be charged at \$431 AUD (excl. GST) annually for non-Australian residing members.

Please email this completed form along with your current CV and proof of RANZCR membership category 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 and address:

Email Address:

Preferred phone: ☐ MOBILE ☐ WORK ☐ HOME

Alternative phone: ☐ MOBILE ☐ WORK ☐ HOME

Area(s) of Practice in Interventional Radiology (please complete if you wish to be added to the Doctor Finder tool and ensure that you include your work address and email):

- | | | |
|---|--|--|
| ☐ Image Guided Tumour Ablation | ☐ Transarterial Chemoembolisation For Liver Cancer (TACE) | ☐ Carotid Stenting |
| ☐ Dialysis Access/Renal Insufficiency Interventions | ☐ Endovascular Aneurysm Repair | ☐ Paediatric Interventions |
| ☐ Biliary Drainage and Stenting | ☐ Genicular Artery Embolisation | ☐ Phlebology |
| ☐ Percutaneous Image Guided Biopsy | ☐ Interventional Pain Management | ☐ TIPS |
| ☐ Lower Limb Angioplasty And Stenting | ☐ Port Placement | ☐ Varicose Veins |
| ☐ Prostate Artery Embolisation (PAE) | ☐ Nephrostomy | ☐ Vertebroplasty |
| ☐ Selective Internal Radiation Therapy (SIRT) | ☐ Uterine Artery Embolisation (UAE) | ☐ Embolisation for Mesenteric Aneurysms |
| ☐ Cryoablation for Kidney Tumors | ☐ Ovarian Vein Embolisation | ☐ Renal Artery Angioplasty and Stenting for Renal Artery Stenosis |
| ☐ Varicocele Embolisation, Transjugular Intrahepatic Portosystemic Shunt (TIPS), Peripherally Inserted Central Catheter (PICC) Insertion | | |

YOUR DETAILS continued

Academic/Research Interests:

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

Diagnostic	%	Interventional	%
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Signature

Date:

I am interested in becoming an Office Bearer ☐

Please have page 4 completed by your membership supporters.

IRSA MEMBERSHIP SUPPORTERS' DETAILS

Candidates for membership must be sponsored in writing by two active IRSA members who are familiar with and can substantiate the experience of the candidate.

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

Who is a member of the Royal Australian and New Zealand College of Radiologists and is engaged in active practice of Interventional Radiology in Australasia.

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:
