

# 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) <b>Australian Resident - GST Inclusive</b>			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$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) <b>Not a Resident of Australia – GST Exclusive</b>			
Jan – Mar. <input type="checkbox"/>	Apr – June. <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$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](mailto: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:

I am interested in becoming an Office Bearer for this group

Please have page 3 completed by your membership supporters.

## IRSA MEMBERSHIP SUPPORTERS' DETAILS

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

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

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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:

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Signature:

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Qualifications (including BIR):

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Position title:

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Practice/Hospital:

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Preferred phone No:

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### Second Supporter

Name:

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Signature:

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Qualifications (including BIR):

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Position title:

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Practice/Hospital:

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Preferred phone No:

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