

INTERVENTIONAL ONCOLOGY (IO) SIG MEMBERSHIP

Non-IRSA MEMBER

Please email this completed form to IRSA Secretariat secretariat@irsa.com.au

Once your application has been reviewed and approved by the SIG Committee Chair you will be notified.

I would like to become a member of IRSA's Interventional Oncology (IO) SIG.

YOUR DETAILS

Title: _____ Name: _____

Profession: _____

Qualifications: _____

Postal Address: _____

Email Address: _____ Contact phone: _____

Area(s) of Interest in IO:

Signature _____ Date: _____

Non-IRSA members are required to be nominated by a member of the IO SIG Committee, at page 2 of this form

NOMINATOR

As a member of the IO SIG, I nominate

to become a member of the IO SIG.

Name: _____

Signature _____

Date: _____