

**MEMBERSHIP APPLICATION  
FORM ACTIVE MEMBER**

This category of membership is for:

An active 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 Active Membership Join Fee (month of joining)			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept <input type="checkbox"/>	Oct – Dec <input type="checkbox"/>
\$380	\$340	\$300	\$260

Active Membership will be charged at \$380.00 AUD (incl. GST) annually.

**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: Mob  Wk  Hm

Alternative phone: Mob  Wk  Hm

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  %

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)

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  *(insert signature as a pic file here)*

Qualifications (including EBIR):

Position title:

Practice/Hospital:

Preferred phone No:

**Second Supporter**

Name

Signature  *(insert signature as a pic file here)*

Qualifications (including EBIR):

Position title:

Practice/Hospital:

Preferred phone No: