

**MEMBERSHIP APPLICATION FORM**  
**ASSOCIATE MEMBER**

This category of membership is for:

Associate members shall be active radiographers and nurses in Australasia.

Associate membership fee: \$155.00 AUD (incl. GST) annually.

**Please email this completed form along with your current CV 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.

IRSA Associate 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"/>
\$155	\$135	\$115	\$105

YOUR DETAILS

Title  Name

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

Preferred Mailing Address: WORK  HOME:

Principle 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

Please have page 3 completed by your membership supporters.

**IRSA MEMBERSHIP SUPPORTERS DETAILS**

Candidates for Associate 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 an active radiographer or nurse 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: