

**MEMBERSHIP APPLICATION FORM  
JUNIOR STUDENT MEMBER**

This category of membership is for:

Non-RANZCR accredited registrars, residents, medical students or interns, who have an interest in pursuing a career in interventional radiology.

**Junior Student Member benefits:**

**Inclusions:** Reduced ASM registration, attendance at IRSA Branch Education Events, access to the Members only section of the website which includes resources. A Junior Student member can become a member of a relevant IRSA Subcommittee or Special Interest Group

**Exclusions:**

A Junior Student Member will no voting rights and cannot hold an IRSA Office Bearing role. They will not receive IRSA's affiliated association's membership benefits.

IRSA Junior Student Membership Join Fee (please tick to indicate which quarter you are joining in)			
Jan – Mar	Apr – June	Jul – Sept	Oct – Dec
\$75	\$68	\$62	\$56

Junior Student Membership will be charged at \$75.00 AUD (incl. GST) annually.

**Please email this completed form (including pages 2 and 3) along with your current CV demonstrating your interest in IR as a career choice 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

Signature

Date

Please have the following completed by your membership supporter.

**IRSA MEMBERSHIP SUPPORTER'S DETAILS**

Candidates must be sponsored by one active IRSA member.

**I support the application for IRSA membership for:**

(name of applicant)

**First Supporter**

Name



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

Qualifications (including EBIR):

Position title:

Practice/Hospital:

Preferred phone No: