

**MEMBERSHIP APPLICATION FORM
OVERSEAS MEMBER**

This category of membership is for:

A person who is an overseas FRANZCR equivalent* qualified radiologist, who is either training in interventional radiology or has completed interventional radiology training and is not a Fellow member of RANZCR, or is an IR working outside of Australia and New Zealand. They will have no voting rights but will receive full member benefits and may become a member of a relevant IRSA subcommittee or Special Interest Group.

* 'FRANZCR equivalent' qualified radiologist will be determined by the IRSA Executive Committee.

IRSA Overseas Membership Join Fee (please tick to indicate which quarter you are joining in)			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept <input type="checkbox"/>	Oct – Dec <input type="checkbox"/>
\$340	\$310	\$280	\$250

Overseas Membership will be charged at \$340.00 AUD (incl. GST) annually.

Please email this completed form along with your current CV to IRSA Secretariat
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

Please have page 3 completed by your membership supporters.

IRSA MEMBERSHIP SUPPORTERS DETAILS


Candidates for overseas membership must be sponsored by two active Interventional Radiologists who are familiar with and can substantiate the experience of the candidate OR by two active IRSA members.

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:

Second Supporter

Name

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

Qualifications (including EBIR):

Position title:

Practice/Hospital:

Preferred phone No: