

# MEMBERSHIP APPLICATION FORM

## OVERSEAS MEMBER

**This category of membership is for:**

Overseas Members are either physicians or nurses/radiographers with an active interest and competence in interventional radiology or who have completed their undergraduate medical training no longer than 8 years ago who reside outside of Australia and New Zealand.

*Benefits include: reduced ASM registration, international affiliations (CIRSE, SIR and APSCVIR), resources. Non-office bearing rights but can sit on Subcommittees and SIGs.*

| 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"/> |
| \$385.00   | \$289.00                            | \$193.00                             | \$96.00                             |

Overseas Membership will be charged at \$385.00 AUD (excluding 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.

## YOUR DETAILS

Title:

Name:

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

Preferred Mailing Address:  WORK  HOME

Principal place of work:

Email Address:

Preferred phone:  MOBILE  WORK  HOME

Alternative phone:  MOBILE  WORK  HOME

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)

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### First Supporter

Name:

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Signature:

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Qualifications (including BIR):

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Position title:

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Practice/Hospital:

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Preferred phone No:

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### Second Supporter

Name:

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Signature:

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Qualifications (including BIR):

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Position title:

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Practice/Hospital:

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Preferred phone No:

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