

# MEMBERSHIP APPLICATION FORM

## RADIOGRAPHER/NURSE MEMBER

**This category of membership is for:**

Radiographer/nurse members shall be active radiographers and nurses in Australasia.

IRSA Radiographer/nurse Membership Join Fee (month of joining) <b>Australian Resident – GST Inclusive</b>			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$96.00	\$72.00	\$48.00	\$24.00

Radiographer/nurse membership will be charged at \$96.00 AUD (incl. GST) annually for Australian residing members.

IRSA Radiographer/nurse Membership Join Fee (month of joining) <b>Not a Resident of Australia – GST Exclusive</b>			
Jan – Mar <input type="checkbox"/>	Apr – June <input type="checkbox"/>	Jul – Sept. <input type="checkbox"/>	Oct – Dec. <input type="checkbox"/>
\$87.00	\$65.00	\$44.00	\$22.00

Radiographer/nurse membership will be charged at \$87.00 AUD (excl. GST) annually for non-Australian residing members.

**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 Radiographer/nurse 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:

---

Qualifications (including BIR):

---

Position title:

---

Practice/Hospital:

---

Preferred phone No:

---

### Second Supporter

Name:

---

Signature:

---

Qualifications (including BIR):

---

Position title:

---

Practice/Hospital:

---

Preferred phone No:

---