

Email Address:

MEMBERSHIP APPLICATION FORM RETIRED MEMBER

This category of men	nbership is for: Active IR	SA Members who have re	etired from active practice.	
	IRSA Retire	ed Membership Join Fee		
	·	onth of joining)		
Australian Resident – GST Inclusive				
Jan – Mar 🔛	Apr – June	Jul – Sept 🔃	Oct – Dec 🔛	
\$185.00	\$138.75	\$92.50	\$46.25	
Retired membership residing members.	will be charged at \$185.	00 AUD (incl. GST) annual	lly thereafter for Australian	
IRSA Retired Membership Join Fee				
(month of joining)				
		f Australia – GST Exclusiv		
Jan – Mar 🔝	Apr – June	Jul – Sept 📗	Oct – Dec	
\$168.18	\$126.14	\$84.09	\$42.05	
Australian residing members. Please email this completed form to IRSA Secretariat secretariat@irsa.com.au I have now retired from Active Interventional Radiology practice but wish to remain a member.				
YOUR DETAILS				
Title Name				
Qualifications (e.g. MBBS, FRANZCR, EBIR):				
Preferred Mailing Address: WORK HOME:				

Preferred phone: Mol	D WkHm
Alternative phone: Mob	WkHm
Signature	Date