

MEMBERSHIP APPLICATION FORM

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.

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 Student member can become a member of a relevant IRSA Subcommittee or Special Interest Group

Exclusions:

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

IRSA Student Membership Join Fee (month of joining) Australian Resident – GST Inclusive			
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

Student Membership will be charged at \$96.00 AUD (incl. GST) annually for Australian residing members.

IRSA Student Membership Join Fee (month of joining) Not a Resident of Australia – GST Exclusive			
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

Student Membership will be charged at \$87.00 AUD (excl. GST) annually for non-Australian residing members.

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

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	%
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Signature

Date:

Please have page 3 completed by your membership supporters.

IRSA MEMBERSHIP SUPPORTERS' 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:

Qualifications (including BIR):

Position title:

Practice/Hospital:

Preferred phone No:
