



INTERVENTIONAL RADIOLOGY SOCIETY OF AUSTRALASIA INC.

ABN 99 043 289 493
Registered No: Y2656702

MEMBERSHIP APPLICATION FORM

Please do not send membership payment with the application form. Once the application has been approved a membership notice will follow shortly

Name

Preferred Mailing Address

.....

E-Mail Address

Work Phone No Fax

Home Phone No Fax

Mobile Phone No

Areas of Interest in Interventional Radiology:

Special Techniques

.....

Academic Interests

.....

Research Activities

.....

Preferred Journals

Practice Management

.....

Accreditation

Other

.....

.....
I am mainly in **Private / Public Health** (circle appropriate category)

Tick where appropriate:

I am interested in helping with publication of the newsletter.

I am interested in becoming an Office Bearer for this group.

Signature

Date

MEMBERSHIP SPONSORS

Candidates for 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 membership of IRSA by

_____ who is a member of the College and is engaged in active practice of Interventional Radiology in Australasia.

First sponsor

Signature: _____ Name: (Please print) _____

Position title: _____

Practice/Hospital: _____

Telephone No: _____ Mobile No: _____

Second sponsor

Signature: _____ Name: (Please print) _____

Position title: _____

Practice/Hospital: _____

Telephone No: _____ Mobile No: _____

Please mail to

IRSA Secretariat
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