



Irish Thoracic Society

## MEMBERSHIP REGISTRATION - ORDINARY MEMBERS

Please indicate the type of membership you are applying for:

Membership Renewal

New Membership

Please complete the following:

Name: (Mr/Ms/Prof/Dr etc.): \_\_\_\_\_

Job Title : \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Clinical or Research Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### New Membership Applicants Only:

**Proposer's Statement:** As an Ordinary Member of the Irish Thoracic Society with personal knowledge of the applicant, I wish to nominate him/her for membership of the Society. I confirm eligibility for application at this category.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Membership Subscription:**

€150/£100.00