



IRISH MEDICAL
ORGANISATION

Ceardchumann Dochtúirí na hÉireann

10 Fitzwilliam Place
Dublin 2
Telephone: (01) 6767273
Email: imo@imo.ie

**MEDICAL STUDENT
MEMBERSHIP APPLICATION FORM**

Your membership of the IMO is **FREE** until commencement of your Internship.

Surname: _____ Forename: _____

Date of Birth: _____ MALE ___ FEMALE ___

Home Address: _____

University Name & Address: _____

Telephone No.: _____

Mobile No.: _____

Email Address: _____

Year of Graduation: _____