



The IMO, Working for You

IMO MEMBERSHIP APPLICATION FORM FOR GENERAL PRACTITIONERS

Applicants must hold qualifications, which are acceptable for registration with the Medical Council of Ireland

Surname..... Forename.....

Date of Birth..... Male Female

Home Address..... Practice/Surgery Name

..... Address.....

.....

Please tick Address IMO correspond to: Home Practice/Surgery

Home Telephone..... Work Telephone

Mobile No..... Email Address.....

University Attended Year of Graduation

Category of Registration with Medical Council

Provisional Date Full Date

Registration No.

Please tick the appropriate box where applicable:

Full Single GP Locum Academic GP Assistant Year

Primary Care Reimbursement Services

Are you in the GMS Scheme? Yes No GMS No

GMS Authorisation Form

Primary Care Reimbursement Services, Exit 5, M50, North Road, Finglas

I hereby authorise the Primary Care Reimbursement Services to deduct my monthly IMO subscription per month with effect from Full Single

Signed Date:

I consent to IMO Financial Services contacting me/us by letter, email, SMS text or telephone regarding any financial products which may be of interest to me. If you do not wish us to contact you with information on additional products or services, please place an 'X' in this box

