



IRISH MEDICAL ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

## The IMO, Working for You

### NCHD IMO MEMBERSHIP APPLICATION FORM

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

Surname: .....

Forename: .....

Date of Birth: .....

Male:  Female:

Home Address: .....

Hospital/Work Address: .....

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Address IMO correspondence to (*please tick one*): Home:  Work:

Home Telephone No.: .....

Work Telephone No.: .....

**Mobile No.:** .....

**Email Address:** .....

University Attended: .....

Year of Graduation: .....

Please tick the appropriate box where applicable:

Intern

Senior House Officer Year .....

Specialist Registrar

Registrar Year .....

Research/Postgraduate/Fellowship

GP Trainee Year .....

Senior Registrar Year

Speciality .....

Category of Registration with Medical Council:

Provisional Date: ..... Full Date: ..... Registration No.: .....

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

Continue overleaf for payment details...

