

INTERN IMO MEMBERSHIP APPLICATION FORM

FREE MEMBERSHIP UNTIL SEPTEMBER 2011 AND €34.75 PER MONTH BY DIRECT DEBIT THEREAFTER OR €139.00 FROM SEPTEMBER – DECEMBER 2011

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

Surname Forename
Date of Birth Male Female
Home Address : Work/Practice Address
.....
Please tick Address IMO correspondence to: Home Work
Home Telephone No.: Work Telephone No.:
Mobile No. : Email Address :
University Attended

Category of Registration with Medical Council :
Provisional Date : Full Date : Registration No :

CREDIT CARD/LASER PAYMENT (ANNUAL ONLY, €139.00)
CARD NO :
Expiry Date : ____ / ____ / ____
SIGNATURE : DATE :

DIRECT DEBIT MANDATE FORM

PART A – Monthly Direct Debit Mandate **USERID No. 300054**

Please complete this form and return it with Application Form to:
The Irish Medical Organisation, 10 Fitzwilliam Place, Dublin 2. Tel : 01 6767273

To: The Manager: _____ IMO Ref. No. _____
_____ Bank or Building Society Date : _____
Address : _____

I/we authorise you until further notice in writing to charge to my/our account with you on or immediately after the first day of each month unspecified amounts in respect of the monthly subscription appropriate to my class of membership which may debited thereto at the instance of the Irish Medical Organisation by Direct Debit. Date of first due payment on or within one calender month from/...../.....

NAME (Block Capitals) _____

SIGNATURE : _____

NAME OF ACCOUNT TO BE DEBITED : _____

BANK ACCOUNT NUMBER : _____ Sort Code No. -----

I/We wish to pay: Monthly _____ Annually _____
INSTRUCTIONS CANNOT BE ACCEPTED TO DIRECT DEBITS TO A DEPOSIT OR SAVINGS ACCOUNT