

# IMO Membership Application Form for Public Health Doctors / Community Health Doctor



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

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

## Personal Details:

Surname: .....

Forename: .....

Date of Birth: .....

Male

Female

Home Address: .....

.....

Work/Practice Address: .....

.....

## Please tick Address IMO correspond to:

Home

Practice Surgery

Home Telephone: .....

Work Telephone: .....

Mobile No: .....

Email Address: .....

University Attended: .....

Year of Graduation: .....

## Please tick appropriate box where applicable:

Public Health Doctor

Community Health Doctor

Full Single

Current Grade: .....

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CHO Area: .....

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Category of Registration with Medical Council number:

Registration No: .....

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I consent to IMO Financial Services contacting me regarding the financial products and services available to me as a members of the IMO which may be of interest to me. If you wish us to forward your contact details to IMOFS and be contacted by IMOFS in writing, by email, by landline and mobile phone, SMS text and fax electronic, please tick this box:

