

IMO Membership Application Form for Consultants



IRISH MEDICAL
ORGANISATION
Coardh-lumonn Dochtúirí na hÉireann

Applicants must hold qualifications acceptable for registration with the Medical Council of Ireland.

Personal Details:

Surname: _____

Forename: _____

Date of Birth: _____

Male Female

Home Address: _____

Work Address(es): _____

Please tick Address IMO correspond to:

Home Work

Work Telephone: _____

Mobile No: _____

Email Address: _____

University Attended: _____

Year of Graduation: _____

Category of Registration with Medical Council number: _____

Registration No: _____

Please tick appropriate box where applicable:

- Appointed Since 2012
- Full Single
- Locum
- Dentist
- Non Clinical Academics
- Temporary

Speciality:

- Anaesthesia
- Emergency Medicine
- Medicine
- Obstetrics/Gynaecology
- Orthodontics
- Pathology
- Paedriatics
- Psychiatry
- Radiology
- Surgery
- Other

Subspeciality:

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:

