

# IMO Membership Application Form for General Practitioners



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

*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 number

Registration No: .....

Please tick appropriate box where applicable:

Full Single  GP Locum  Academic  GP Assistant Year .....  GP Newly Established (5 years)

## 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 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:

