

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



IRISH MEDICAL
ORGANISATION
Coard-Chumann 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/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 (all grades excluding Consultants)

Community Health Doctor

Current Grade: _____

CHO Area: _____

Category of Registration with Medical Council number:

Registration No: _____

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:

