

Membership Form

	Internal use only			
By completing this application form I state my intention to apply for Group Membership offered by the British Institute of Radiology.	or the Membership no			
	Date joined			
NOTE: Please nominate a lead person for each organisation. The group membership is owned by the organisation, not the individual. Should an individual member leave the organisation, their individual membership for that year is invalid. The organisation may nominate a new individual on renewal.				
Please return completed form to: BIR membership, 48-50 St John St, London EC1M 4DG. For queries please call 020 3668 2220				
ORGANISATION DETAILS (Please complete all fields in BLOCK CAPI	TALS)			
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Organisation address:				
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INVOICE ADDRESS IF DIFFERENT FROM ABOVE (Please complete all fields in BLOCK CAPITALS)				
Contact first name:	Surname:			
Organisation name:				
Department:				
Organisation address:				
Telephone no:	Post Code:			
MEMBER 1 (Lead person)				
Title: Prof/Dr/Mr/Mrs/Miss/Ms First name:	Surname:			
	ephone no:			
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Address (if different from above):				
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Email address:	I agree to receive information from the BIR*			
MEMBER 2				
Title: Prof/Dr/Mrs/Miss/Ms First name: Surname:				
Job title: Telephone no:				
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Department:		
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MEMBER		
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Additional members details

MEMBER		
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