

Membership Form

By completing this application form I state my intention to apply for the Group Membership offered by the British Institute of Radiology.

Internal use only

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 CAPITALS)

Organisation name:

Department:

Organisation address:

Telephone no: Post Code:

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:

Job title: Telephone no:

Department:

Address (if different from above):

Post Code:

Email address: I agree to receive information from the BIR*

MEMBER 2

Title: Prof/Dr/Mr/Mrs/Miss/Ms First name: Surname:

Job title: Telephone no:

Department:

Address (if different from above):

Post Code:

Email address: I agree to receive information from the BIR*

MEMBER 3

Title: Prof/Dr/Mr/Mrs/Miss/Ms First name: Surname:

Job title: Telephone no:

Department:

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MEMBER 4

Title: Prof/Dr/Mr/Mrs/Miss/Ms First name: Surname:

Job title: Telephone no:

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MEMBER 5

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PRODUCT/SERVICE AREAS OF INTEREST FOR YOUR ORGANISATION

Contrast media	<input type="checkbox"/>	Medical publishing	<input type="checkbox"/>	Radiopharmaceuticals	<input type="checkbox"/>
CT	<input type="checkbox"/>	Medical reporting systems	<input type="checkbox"/>	Radiotherapy/Oncology	<input type="checkbox"/>
Dental X-ray	<input type="checkbox"/>	MRI	<input type="checkbox"/>	Radiotherapy planning	<input type="checkbox"/>
Diagnostic X-ray	<input type="checkbox"/>	Nuclear fuel cycle services	<input type="checkbox"/>	Radiotherapy simulation	<input type="checkbox"/>
Digital imaging	<input type="checkbox"/>	Nuclear medicine	<input type="checkbox"/>	Radiotherapy verification	<input type="checkbox"/>
Dosimetry	<input type="checkbox"/>	PACS	<input type="checkbox"/>	SPECT & PET	<input type="checkbox"/>
Education	<input type="checkbox"/>	Quality assurance	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>
Electricity generation	<input type="checkbox"/>	Radiation protection	<input type="checkbox"/>	Video printing	<input type="checkbox"/>
Hospital-shared services	<input type="checkbox"/>	Radiation shielding	<input type="checkbox"/>	X-ray consumables	<input type="checkbox"/>
Interventional radiology	<input type="checkbox"/>	Radiobiology	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	Radiology data manage-	<input type="checkbox"/>	<input type="text"/>	

Send your completed form to:
BIR Membership, 48-50 St John St, London, EC1M 4DG.

If you have any questions please contact Jane Moynihan at
membership@bir.org.uk or call 020 3368 2220

Signature:

Name:

Job title:

Date:

***DATA PROTECTION ACT**

The British Institute of Radiology will use the information that you give us to:

- Process your application for membership of the Institute and send you information about your membership of the BIR
- Fulfil orders for products (such as our books and journals) or services (such as our education events and information services). The BIR will not share your information with other companies or organisations in any circumstances for the purposes of marketing.

Additional members details

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