

MEMBERSHIP APPLICATION FORM

I wish to become a member of the Iraqi Medical Society-international.
Please write clearly and complete ALL sections.

Dr / Mr / Other	
Surname *	
Forenames *	

Sex	M / F
Date of Birth	

Year of Primary Medical Qualification *	
Medical School / College *	
Postgraduate Qualifications	
Current Post / Appointment	
Hospital / NHS Trust / PCT / Other	
GMC number *	
<small>If you are not currently registered with the GMC please tick here <input type="checkbox"/></small>	
GMC/GDC/GVC Specialist Register 1	
GMC/GDC/GVC Specialist Register 2	
GMC/GDC/GVC Specialist Register 3	
<small>If your name is on the GMC GP Register please tick here <input type="checkbox"/></small>	

Tel Work *	
Tel Home	
Tel Mobile	
Fax	
e-mail *	

Address *	
2	
3	
4	
5	
Post code *	
Country <small>if not UK</small>	

I confirm that the information I provided on this form is correct and accurate.
I declare that I abide by the constitution of the Iraqi Medical Society-International

Signed..... Date.....

- *Fields marked with * above must be completed.*
- *Your name should be exactly identical to the format and spelling of your name on the GMC register.*
- *If you do not wish to be contacted again then please tick here and send back this form to us indicating your name and GMC number*

The current annual membership fee is:

- £40 for Full Membership by completing a standing order mandate, personal cheque, and UK postal money orders
- Undergraduate Medical Student Membership is free.
- Retired Doctors Membership is free.
- Doctors, Dentists, Pharmacists, Vets and other professionals allied to Medicine can join the membership by paying the current annual fees.
- We can only accept cheques in pounds sterling drawn on a UK based bank.
- Please send your payment to the address below with your completed application form.
- If you wish to pay by standing order mandate then you must complete the special standing order form in addition to this application form and send both to the IMS-I address below for reference so that we can arrange your payment.
- Alternatively you may send us a cheque for £40.00 made payable to:
IRAQI MEDICAL SOCIETY-INTERNATIONAL
47 Rannoch Drive, Cyncoed, Cardiff, CF23 6LP

Please note the following:

1. *Your application will not be processed if you do not provide accurate information.*
2. *By signing this form you confirm that you have read the constitution.*
3. *Applications not signed and dated, accompanied by payment or a completed standing order mandate will not be processed.*
4. *Members are entitled to receive a newsletter and the scientific journal.*
5. *The address provided on this form will be used for correspondence unless you otherwise specify, according to Data Protection Act 1998.*
6. *Only fully paid members are eligible to be nominated in elections for the executive committee, and to vote in any elections of the Society.*