

By completing this form and signing the terms and conditions, I state my intent to apply for membership offered by the British Institute of Radiology.

For a full list of BIR member benefits visit www.bir.org.uk/join-us

If you have any questions about completing this form.

E: membership@bir.org.uk

T: 020 3668 2220

PERSONAL DETAILS

Title: _____

Surname: _____

Forname(s): _____

Date of Birth: _____

Gender: _____

Home Address: _____

Postcode: _____

Telephone: _____

Email: _____

PROFESSIONAL DETAILS

Profession: _____

Qualifications: _____

Organisation / Institution: _____

Department: _____

Work Address: _____

Postcode: _____

Telephone: _____

Email: _____

TRAINING DETAILS (Student and Trainee applicants)

Course name: _____ Full-time student: Yes/No

Institution: _____

Department: _____

Town: _____

Country: _____

Start date: _____

End date: _____

To keep you informed about meetings and publications that may interest you, please tick below all that apply to you.

SYSTEMS OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Lymphatic/Immune |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Cardiothoracic | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Skeletal |
| <input type="checkbox"/> Excretory | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Head and Neck | |

AREAS OF INTEREST

- Aetiology
- Basic Radiation/Chemical Interactions
- Biological Modifier
- Cardiovascular System
- Central Nervous System
- Chemotherapy
- Clinical Audit & Management
- Clinical Radiotherapy
- Clinical System
- Contrast Media
- CT Scanning
- Diagnostic Radiology Physics
- Interventional
- Magnetic Resonance
- Nuclear Medicine
- Paediatrics
- Technical Systems IMRT/IGRT
- Ultrasound

OTHER MEMBERSHIPS

- | | |
|---|-------------------------------|
| <input type="checkbox"/> RCR | <input type="checkbox"/> SOR |
| <input type="checkbox"/> IPEM | <input type="checkbox"/> IRPA |
| <input type="checkbox"/> Previous member of the BIR | |
| <input type="checkbox"/> RSM | RSM No: _____ |
| <input type="checkbox"/> IRIA | IRIA No: _____ |

I would like to apply for membership of the British Institute of Radiology in the following category:

- Consultant
 Non-consultant
 Retired
 Trainee
 Student

Signature: _____

Date: _____

The BIR will apply any discounts when processing the application.

MEMBERSHIP RATES

Consultant	£175
Non-consultant	£65
Retired	£30
Trainee	£35
Student	£0
New consultant	£100*
New non-consultant	£35*

*Available to existing Trainee and Student members who become full members

INTERNATIONAL RATES

Based on economy rating according to the World Bank

High economy

Consultant	£140.00
Non-consultant	£52.00

Upper middle economy

Consultant	£122.50
Non-consultant	£45.50

Lower middle economy

Consultant	£105.00
Non-consultant	£39.00

Low economy

Consultant	£87.50
Non-consultant	£32.50

For a full list of membership criteria visit www.bir.org.uk/join-us

TO PAY BY DIRECT DEBIT:

Instruction to your Bank or Building Society to pay Direct Debits



DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit the BIR will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request the BIR to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by the BIR or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when the BIR asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Originators Identification Number

9 8 3 1 5 7

Name and full postal address of your bank or building society branch

To the Manager

Name of Bank/Building Society: _____

Address: _____

Name(s) of account holder(s): _____

Branch sort code:

--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--

One single payment of £ _____

12 monthly instalments of £ _____ *

*Available to Consultant and Non-consultant members only

Signature: _____

Date: _____ BIR Number (issued by the BIR): _____

TO PAY BY CREDIT CARD:

Card Type: American Express MasterCard VISA

Card Number: _____

Start date: mm/yyyy

End/Expiry date: mm/yyyy

Security Code: _____ (last 3 or 4 digits on the back of your card)

Signature: _____

Name on the card: _____

TO PAY BY CHEQUE:

Cheques should be made payable to "British Institute of Radiology" and crossed "a/c payee only" for the appropriate amount in pounds sterling.

Return completed form to:

BIR Membership, 48-50 St John Street, London, EC1M 4DG, UK

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;

send you information pertaining to your membership of the BIR;

fulfil orders for products (such as our books and journals) or services (such as our conferences and scientific meetings or our information services).

In doing so, we may share your details with outside suppliers who hold our stock of books and journals, or with others who may require this information in order to provide the service to you.

If you do not want the BIR to send you information by post please tick this box:

If you want the BIR to send you information by email please tick this box:

The BIR will not share your information with other companies or organisations under any circumstances for the purposes of marketing.

For office use only

Membership Number: _____

Account Number: _____

Reference Number: _____

Date Entered: _____

Transaction Code: _____