

PLEASE COMPLETE IN BLOCK LETTERS

1. Personal Details

Name (Title, First name, Surname) Telephone

Address Gender Male Female Email

Postcode Additional work contact address (to be included in our records)

Home Work Date of Birth

2. Professional Status

Please give details of relevant qualifications (Degrees, Diplomas etc) with the name of the institution that awarded them and the date of the award RAMI Membership number

Present appointment/Job title

Specialty

Are you registered with the Irish Medical Council?
Yes No

Other body (please give details) **Membership of other national/international medical societies**
(If you are not registered with any professional bodies please give details of membership of other national/international medical societies)

Registration number Date of Registration

Applicants who do not have a UK medical, dental or veterinary qualification, please enclose a brief CV and a note stating why you wish to join the RSM.

3. Your main areas of interest

Please select the specialty groups you wish to join. You can select up to four and you can amend/update these at anytime.

Anaesthesia Section	Hypnosis & Psychosomatic Medicine Section	Pain Medicine Section
Cardiology Section	Intellectual Disability Forum	Palliative Care Section
Cardiothoracic Section	Innovations in Medicine	Pathology Section
Clinical Forensic & Legal Medicine Section	Laryngology & Rhinology Section	Patient Safety Section
Clinical Immunology & Allergy Section	Lipids, Metabolism & Vascular Risk Section	Plastic Surgery Section
Clinical Neurosciences Section	Maternity & the Newborn Forum	Psychiatry Section
Coloproctology Section	Medical Genetics Section	Radiology Section
Comparative Medicine Network	Military Medicine Section	Respiratory Medicine Section
Critical Care Medicine Section	Nephrology Section	Rheumatology & Rehabilitation Section
Dermatology Section	Obstetrics & Gynaecology Section	Sexuality & Sexual Health Section
Emergency Medicine Section	Occupational Medicine Section	Sleep Medicine Section
Endocrinology & Diabetes Section	Odontology Section	Sport & Exercise Medicine Section
Epidemiology & Public Health Section	Oncology Section	Students' Section
Food & Health Forum	Open Section	Surgery Section
Gastroenterology & Hepatology Section	Ophthalmology Section	Telemedicine & eHealth Section
General Practice with Primary Healthcare Section	Oral & Maxillofacial Surgery Section	Trainees' Section
Geriatrics & Gerontology Section	Orthopaedics Section	Urology Section
Global Health	Otology Section	Vascular Medicine Section
History of Medicine Society	Paediatrics & Child Health Section	Venous Forum

4. Keeping in touch

In order to give you the best possible service, we would like to send you information on events based on your specialty group selection; news about the members' club and exclusive member offers which we believe may be of interest to you.

Please tell us the methods of communication you are happy to be contacted by. You can change your preferences at any time.

It is recommended that you select both Email and Post at the minimum, however the RSM's preferred and most used method of communication is email.

Email (recommended)	Post (recommended)	Telephone	SMS
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The RSM would also like to send you special offers from our specially selected Affinity partners. These could include special offers on Home/Travel insurance offers, holidays and car purchases. We will always treat your personal details with the utmost care and will never sell, lease or share them to other companies for marketing purposes. You can change your preferences at anytime.

Yes please, I'd like to hear about special offers by email post (please tick all that apply)

No thanks, I would prefer not to hear about special offers from affinity partners

5. Declaration

I hereby apply to become a member of the Royal Society of Medicine (RSM) and agree to be bound by its by-laws and constitution(s) of its Sections (copies of these are available on request)

Signature

Date