

**MEMBERSHIP APPLICATION FORM**

**email:*****irishendocrinesociety@gmail.com*** **website:** [**www.irishendocrinesociety.com**](http://www.irishendocrinesociety.com)

The Society aims to promote the development of endocrinology by education and interchange of scientific material.

Membership is open to all with a significant professional interest in endocrinology.

Membership will be ratified at the Annual General Meeting.

**Title: \_\_\_\_\_\_\_\_\_\_\_ First name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Address** (for correspondence, if different from above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel no**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile no**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your interest in and contribution to endocrinology (e.g. professional position, research, interest, publications)

Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Both proposer and seconder should be existing Irish Endocrine Society members. If you do not know any members please contact the Secretary.

Return to: Dr. Maeve Durkan, Secretary, Irish Endocrine Society

 The Cork Clinic, Clinic A, Suite 3, Western Road, Cork, T12 TF70

 Republic of Ireland

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Office only: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ratified: \_\_\_\_\_\_\_\_\_\_\_\_