

Group Membership Form

By completing this application form I state my intention to apply for the group membership package 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.
Email: membership@bir.org.uk. 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)

Title: Prof/Dr/Mr/Mrs/Miss/Ms First name: Surname:
Organisation name:
Department:
Organisation address:
Telephone no: Post Code:

MEMBER 1 (Lead person)

Plan 1: Plan 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 2

Plan 1: Plan 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 3Plan 1: Plan 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 4**Plan 1: Plan 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* **PRODUCT/SERVICE AREAS OF INTEREST FOR YOUR ORGANISATION**

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

MEMBERSHIP RATES

BIR Member Plan 1	£180
BIR Member Plan 2	£70
Europe Plan 1	£120
Europe Plan 2	£45
Rest of World Plan 1	£90
Rest of World Plan 2	£35
Retired	£30
Trainee	£40
Undergraduate	£0

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

BIR Member Plans 1 and 2 are dependant on salary.

Plan 1: £50,000 and above

Plan 2: £49,999 and below

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;
- 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 events and online education).

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.

Additional members details

MEMBER

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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*

Additional members details

MEMBER

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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

Plan 1: Plan 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*