Irish Society for Bioregulatory Medicine

Application for Membership

Title First na	me !	second name		OK MEDICATRIX NATU	ite
Address					
Telephone		e mail			
Professional insu	rance details	nsurer's name, Licence ทเ	umber		
Professional Qua	lifications				
Bioregulatory Co	urses and Seminars				
Indicate area of y	Bioregulatory medicine our interest and/or spec	alisation			
Are you interested Indicate area of i	to lecture for the Society nterest for lecturing			YES	NO
Indicate area you feel that you can give an expert opinion					
Are you interested to publish articles in the Society Newsletter and Journals?			d Journals?	YES	NO
Would you like to	be on a public register	of Bioregulatory Practition	ner?	YES	NO
Your membership entitles you to: 1.Use MBSBM after your name 2. Lecture and publish at the Society Courses and Journals on Invitation 3. Invitation to Society conferences 4. CPD and postgraduate courses 5. Public register and referral scheme of the Society 6. 20% discount on our courses and seminars					
Choose method of payment: The fee for annual membership is £50 per anum					
cheque	£50 payable to : Biomedic Fo		i dilulii		
credit card	Card Type	Card number_			
		issue number ((Switch/Masters)		
standing order	Bank name	Sort Code			
Standing orde	account number				
	Bank Address:				
I authorise standing order payment to Biomedic Foundation and debit of £50.00 annually on the date belongianture date					