**THE MEDICO-LEGAL SOCIETY OF IRELAND**

**Application for Membership**

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| **Title:** |  | **First Name:** |  |

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| **Surname:** |  |

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| **Address:** |  |
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| **Address:** (correspondence address if different from above) |  |
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| **Email:** |  |

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| --- | --- | --- | --- |
| **Tel:** |  | **Mobile:** |  |

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| --- |
| **Qualifications** |
| Medical/Legal/Other  |  |
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| Current professional position(s)  |  |
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*I agree to abide by the rules and constitution of the Medico-Legal Society of Ireland.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this completed application form and any supporting documentation to the Honorary Secretary, Medico-Legal Society of Ireland, Email medicolegalsoc@gmail.com Completed application forms received are put forward to Council for consideration, at Society Council meetings, which are held quarterly.

Upon successful application, elected members are contacted by email and a payment of €80.00 membership fee will be requested.

[www.medico-legalsociety.ie](http://www.medico-legalsociety.ie)