

G.I.R.S.I.G.

Membership Application

Title	
Forename	
Surname	
Address	
Postcode	
Telephone	
(Mobile)	
Email	
Position	

Annual membership costs £15.

I enclose a Cheque made payable to GIRSIG

I will pay by Standing Order/Electronic Transfer

Signed

Date

When paying by standing order or electronic transfer please make your payment to GIRSIG

Barclays Bank:

Sort Code: 20-99-56

Account No: 60246247

Please quote your Postcode and Surname in the Payee Reference so that we can make sure your payment as applied to the correct membership.

Please send you completed form to:

Michael North,
Radiology Department,
John Radcliffe Hospital,
Headley Way,
Oxford,
OX3 9DU