**THE MEDICO-LEGAL SOCIETY OF IRELAND**

**Application for Membership**

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

|  |  |
| --- | --- |
| **Surname:** |   |

|  |  |
| --- | --- |
| **Address:** |  |
|  |
|  |
|  |

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

|  |  |
| --- | --- |
| **Email:** |  |

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

|  |
| --- |
| **Qualifications** |
| Medical/Legal/Other  |  |
|  |
|  |

|  |  |
| --- | --- |
| Current professional position(s)  |  |
|  |
|  |

*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 €100.00 membership fee will be requested.

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