## Society of Medical Radiographers, Malta Proudly representing local radiographers for more than 20 years



## **MEMBERSHIP APPLICATION FORM**

## **Personal Details**

Title	Mr / Mrs / Ms / Other	
Surname		Name:
Gender	M/F	D.O.B
I.D. Card No		Nationality
Address:		
		Post Code
Tel. No		Mob. No:
Email:		
CPCM state r	egistration no.	
How would y organised: -  E-mail Facebo	ike the SRM to add you to red with your Facebook as above  You prefer the SRM to co	o its Facebook Group please provide us with the email ccount  count  ontact you about activities and events that are
Qualificati		
e.g. Dip. Radio	tle, awarding body and yography, University of Malta,	ear of all relevant qualification(s) 2007
1		
2		
3		

<b>Employment Details</b>	
Main employer	
Department	
Unit/Team/Section:	
Job title / Grade:	
<u>Membership</u>	
☐ Member (25 Euro / year) ☐ A	Associate Member (12 Euro / year)*
<u>Payment</u>	
	_ paid by bank account details as soon as we get the form) Cheque Number)
<u>Declaration</u>	
application is correct and that in the event of the rules, regulations and articles of the Soci	e information supplied my be in conjunction with this f my acceptance in to membership I will be governed by ety of Medical Radiographers, Malta as far as possible I erstand that I may withdraw from the Society at any time membership fees are paid up to date.
Signature	_ Date

## **Data Protection Act**

The Society of Radiographers, Malta does not release members' information to external organisations for marketing purposes. Personal information relating to members is held on a secure database by the Society in order to facilitate services to members.