

ACBI Membership Application Form

Name (block letters) Prof/Dr/Mr/Ms _____

Employment _____
Address _____

Mailing Address _____
(if different) _____

Qualifications with dates, _____
college and subjects _____

Current Post & Grade _____

Please Tick Permanent Temporary

Tel.No: _____ Fax: _____ E-mail: _____

I wish to apply for admission to Ordinary/Associate* Membership of the ACBI
(*delete as appropriate).

Name _____ Signed _____ Date _____

Proposer _____ Signed _____ Date _____

Seconder _____ Signed _____ Date _____

Ordinary Membership Rates:	Senior & Basic Grade Biochemists	€60
	Principal Grades, Consultants & Registrars	€70
	Other Applicants	€60
Associate Membership Rate:	Associate members	€40

When approved, your payment will be made online.

Please return completed form to ACBI Hon. Secretary: Ms Rita O'Hara,
Biochemistry Department,
Portiuncula Hospital,
Ballinasloe,
Co. Galway.

Signature: _____ Date: _____