

Please return your application to:

Ms Stephanie Billault
FSEM Office
Royal College of Surgeons in Ireland
RCSI House
121 St Stephen's Green
Dublin 2

Faculty of Sports and Exercise Medicine (RCPI & RCSI)

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please ensure you have read the Associate Membership criteria carefully before submitting an application for Associate Membership to the FSEM office

Please Print Clearly

Title:	
Surname:	
First Name:	
Area of expertise: <i>(eg. Research, Education, etc.)</i>	
Professional Address:	
Telephone No.:	
Mobile No.:	
Fax No.:	
E-mail address:	
Qualifications:	
Current Position:	
Sports Medicine Affiliations: <i>(ISMA, FIMS, BASEM, etc.)</i>	
Specific Sports Medicine Involvement: <i>(Hurling, Gaelic Football, Soccer, Swimming, Orienteering, etc.)</i>	
Research & Publications:	

To: The Chairman, FSEM Training Committee, FSEM

I wish to apply for **Associate Membership** of the Faculty & I make this application on the grounds set out in the criteria.

1) Name of Proposer: _____ Signature: _____
Fellow No. 1

2) Name of Proposer: _____ Signature: _____
Fellow No. 2

APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

I have enclosed:

Please tick box

(a)	Fully completed application form (inc. signatures of 2 FSEM Fellows)	<input type="checkbox"/>
(b)	Cover letter outlining my area of expertise, and current or future involvement in Sport and Exercise Medicine, as well as my reasons for applying for Associate Membership	<input type="checkbox"/>
(c)	Up-to-date CV highlighting my expertise / experience which would be of interest to the Faculty, with the names and contact details of those whom the Faculty can contact to verify any details submitted (ex. Involvement with sporting bodies)	<input type="checkbox"/>
(d)	Notarised copy of my medical / dental degree	<input type="checkbox"/>
(e)	Credit card details (visa <u>or</u> mastercard) for the fee of €100 or a cheque for that same amount made payable to: FSEM / RCSI	<input type="checkbox"/>

I confirm that I have read the Associate Membership Criteria and enclosed the required documentation and fee for consideration. I understand that submitting an incomplete application will result in delays in my application being assessed by the Training Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: _____

Signed: _____ Dated: _____

