



Faculty of Sports and Exercise Medicine
Student Membership Application Form – 2019 / 2020

Please complete ALL FIELDS in Block Letters and tick as appropriate

Name: _____ Male: Female:

Postal Address: _____

E-mail: _____ Mobile: _____

College/University: _____ Student No.: _____

Course (Medicine, Physiotherapy etc.): _____

Year/level: _____ Expected graduation year: _____

I confirm that the above information is correct and that I have paid the €20 student membership fee on the on-line payment portal on:

Date: _____ Signature: _____

Please return your complete application (form and copy of student ID card) to:

FSEM Office, Royal College of Surgeons in Ireland, RCSI House, 121 St Stephen's Green, Dublin 2
Or as scanned attachments by e-mail to: sportsfac@rcsi.ie

For enquiries: Please contact Stephanie Billault in the FSEM Office
Tel: 01- 402 2780 - Fax: 01- 402 2781 - E-mail: sportsfac@rcsi.ie

For office use only:
DN55 / 1551 / A279 - 250419