

GASTRO-INTESTINAL RADIOGRAPHERS

**G.I.R.S.I.G.**

SPECIAL INTEREST GROUP

**Application for New Membership  
or  
Annual Renewal:**

**£15 per annum  
Membership runs June to May**

Title Mrs Ms Miss Mr Other (please state) \_\_\_\_\_

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Hospital Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Preferred contact address Work / Home (delete as applicable)

Contact Telephone No. \_\_\_\_\_ Contact Fax. \_\_\_\_\_

Mobile Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Local Group \_\_\_\_\_ Membership number if known \_\_\_\_\_

Job Title / Grade \_\_\_\_\_

By completing this form, you agree to your personal data being recorded and processed for the legitimate purposes of GRSIG.

This data is used to process your membership and provide information to you which is in the interests of the group and its members.

Declaration: - I do not object to the information on this form being held on computer. This information will not be passed on to any other organisation without my permission.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please up-date your personal details via the web-site ([www.girsig.co.uk](http://www.girsig.co.uk))

Also, should you leave radiography and wish to be deleted from the database please advise the Treasurer.

Please make cheques payable to:

***"Gastrointestinal Radiographers SIG"***

And return to:  
Jane Baker,  
GRSIG Treasurer,  
c/o X-ray Department,  
York Hospital,  
Wigginton Road,  
YORK,  
YO31 8HE.

**For Treasurers Use  
Membership No.**