

**British Chapter of the International Society
of Magnetic Resonance in Medicine
Membership Application/Renewal
(Revised September 2011)**

**Please refer to the Membership Information available on the
website www.ismrm.org.uk**

Name : _____

Professional Address:

Mailing Address (if different)

Post Code _____

Email: _____

Post Code _____

Email: _____

I wish to join the British Chapter ISMRM as a ‡:

Member / Full Member / Student Member

There is no subscription fee: however to be a Full Member you must also be a member in good standing of the parent organisation ISMRM. In this case, please fill in your ISMRM (or SMRT) Membership Number: _____

Student members should ask their supervisor to confirm their eligibility by sending a supporting email.

Professional Affiliation ‡: Basic Scientist; Clinical Scientist; Educator; Industrial Management; Professional Services Provider; Radiology Support Personnel; Other _____

Primary Field of Endeavour ‡:

Basic Scientist; Biochemistry; Biophysics; Chemistry; Engineering; Mathematics; Physics; Physiology; Image Analysis; Other _____

Date: _____

‡ Select one

Completed forms should be emailed or posted to the Membership Secretary at the following address:

**Prof Ian Marshall
Medical Physics
Western General Hospital
EDINBURGH
EH4 2XU**

ian.marshall@ed.ac.uk