



**ITS MEMBERSHIP APPLICATION FORM  
ANAIL MEMBERS**

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*Please note, this membership application is for the ITS only. For membership of ANAIL, please visit [www.anail.ie](http://www.anail.ie).*

*Please complete the following:*

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Special Clinical or Research Interest:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Annual Membership Subscription:</b> €20.00 <input type="checkbox"/>
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*Please Return to:*

**The Irish Thoracic Society, Brookfield House, Brookfield Terrace, Blackrock, Co Dublin**  
**Email: [info@irishthoracicsociety.com](mailto:info@irishthoracicsociety.com)**