



**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

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

To: The Chairman, FSEM Fellowship & Membership Committee, FSEM

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

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**APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)**

I have enclosed:

|     |   | Please tick box          |
|-----|---|--------------------------|
| (a) | <b>Fully completed application form</b>   | <input type="checkbox"/> |
| (b) | <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</b>   | <input type="checkbox"/> |
| (c) | <b>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)</b>  | <input type="checkbox"/> |
| (d) | <b>Notarised copy of my medical / dental degree</b>   | <input type="checkbox"/> |
| (e) | <b>Application fee of €100 to be paid on-line by credit card or a cheque for that same amount made payable to: FSEM / RCSI included with the application pack (<u>Please note</u>: a payment link will be sent to all candidates wishing to pay by credit card on-line, upon receipt of their application form and documents)</b> | <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 Fellowship and Membership Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*For office use only:*

**DN55 / 1551 / A260**