



BODY IMAGING RADIOLOGICAL SOCIETY OF PAKISTAN

(A Sub Society of Radiological Society of Pakistan)



Membership Form

RSP Membership													
<input type="checkbox"/> Full Member				<input type="checkbox"/> Life Member				<input type="checkbox"/> Associate Member					
Membership Number*													
I am a member of other sub-society of RSP								<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Name of Sub Society				1.				2.					
I want to be a member of BIRSP								<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If yes please tick✓ appropriately													
<input type="checkbox"/> Full Member				<input type="checkbox"/> Life Member				<input type="checkbox"/> Associate Member					
<input type="checkbox"/> Correspondence				<input type="checkbox"/> Honorary				<input type="checkbox"/> Emeritus					
First Name						Last Name							
Qualification						PMDC Registraion No							
CNIC						-						-	
Position						Institute							
Postal Address													
Contact No						Email Address							

Proposed by

Name: _____
RSP LM No: _____
Address: _____

Email: _____
Cell: _____
Signature: _____

Seconded by

Name: _____
RSP LM No: _____
Address: _____

Email: _____
Cell: _____
Signature: _____

For Office Use Only

Date of Application		Computer No	
Date of Application renewed by the Executive Council			
Membership	Approved/ Rejected	Membership No	
Life Members Rs. 25,000/-	Full Members Rs. 5,000/-	Associate Members Rs. 500/- Annum	

Signature of General Secretary

Instructions:

- Please enclose two color passport size photographs.
- Experience certificate on Departmental Letter head, duly signed by the Head of Department (for associate membership).