



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 – SPORT SCIENCES PATHWAY

Please ensure you have read the [Associate Membership criteria](#) carefully before submitting an application for Associate Membership to the FSEM office

Please Print Clearly

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

--	--

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.

APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

I have enclosed:

		Please tick box
(a)	Cover letter	
(b)	Application form	
(c)	Up-to-date CV highlighting current/future involvement in Sports and Exercise Medicine (including referees' names and contact information)	
(d)	Notarised copy of Sport Sciences or Exercise Sciences degree	
(e)	Notarised copy of CORU registration certificate or Professional Regulatory Body registration certificate (or equivalent)	
(f)	Application fee of €100 to be paid on-line by credit card or a cheque for that same amount made payable to "RCSI" enclosed with the application pack (Please note: 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)	

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: _____

Signature: _____ Date: _____

For office use only:

DN55 / 1551 / A260