



**IRISH SOCIETY OF GASTROENTEROLOGY  
MEMBERSHIP REGISTRATION & MANDATE FORM  
2011**

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*Please complete the following:-*    **CONTACT DETAILS**

**Name: (Mr/Ms/Prof/Dr etc.):** \_\_\_\_\_

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

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

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

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**Special Clinical or Research Interest:**

**Beneficiary Bank : Bank of Ireland, Ballsbridge Dublin 4**

**Sort Code : 90-09-73**

**Account Number : 56712787**

**Annual Debit : €100 (This standing order supersedes any existing S/O to ISG)**

**To:**

**ISG Ref :** \_\_\_\_\_

Manager Bank \_\_\_\_\_

Address: \_\_\_\_\_

Please debit my Account Number:  Sort Code:

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

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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