

Irish Decontamination Institute (IDI)
Membership Application Form

Application DATE: _____

NAME: _____

ADDRESS (WORK):

POSITION: _____ DEPARTMENT: _____

E-MAIL: _____ TELEPHONE: _____

MOBILE: _____ FAX: _____

ADDRESS FOR CORRESPONDENCE: _____

FULL MEMBERSHIP (€30):

PLEASE RETURN APPLICATION FORM TO:

Paschal Kent, Risk Management Dept. Cork University Hospital, Wilton, Cork

Tel: 021 4921316. Email: paschal.kent@hse.ie

OFFICIAL USE ONLY

Date Received: _____

MEMBERSHIP APPROVED: YES NO. If no: Why

APPROVAL DATE: _____

APPROVED BY: _____