

**APPLICATION FORM**  
**Medical Injuries Alliance**

**Name:**

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**Organisation:**

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**Landline No:**

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**Mobile No:**

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**Email:**

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I wish to become a member of the Irish Medical Injuries Alliance and I enclose herewith membership fee of €200.00 (Member of the legal/medical profession) **OR** €10.00\*

**(Cheques made payable to Augustus Cullen Law, who are Treasurers of MIA)**

Return completed Application Forms to: Augustus Cullen Law, 7 Wentworth Place, Wicklow

**Signed:**

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**Dated:**

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Membership fee for members of the medical or legal profession is €200.00.  
Membership fee for patients/victims of medical negligence or members of the public is €10.00