



**REGISTER OF ORTHOPAEDIC AND SOFT TISSUE
THERAPISTS OF IRELAND**

RENEWAL OF MEMBERSHIP

Please note that it is in your best interest to fully complete this form, providing a contact phone number, email address and website where relevant. Please write clearly. This will allow ROSTI to advertise its therapists to the very best of our ability.

As of January 2019, only members who have completed or signed up for the Higher Diploma in Orthopaedic and Soft Tissue Therapy will be accepted for renewal. For more information on this please refer to Saint Martin's College Co. Cork.

Please fill in this application form and return it with to ROSTI at the following address.

**Shane Mooney
C/O Sheehan Physiotherapy, Exchange House,
Main St. Ballincollig, Cork.**

Membership fee may be paid by cheque (made out to ROSTI) or bank transfer using the following bank details;

Bank of Ireland Ballincollig
Branch Number: 90 26 45
Account Number: 54500414
IBAN: IE30 BOFI 9026 4554 5004 14
BIC: BOFIE2D

Please add your name to the transfer as a reference.

Personal information

Please use block capitals throughout this application form.

Surname: _____ **Mr / Mrs / Miss / Ms**

Forename(s): _____ **Nationality:** _____

Name in which your qualification was awarded, if different from your present name:

*Please enclose evidence of name change. A copy of your marriage certificate/deed poll etc.

Address: _____

