

**FELLOWSHIP FORM OF UNDERTAKING**

I am pleased to accept the nomination for Fellowship of the Royal College of Physicians of Ireland.

I undertake to pay the appropriate Admission Fee and Annual Subscription to the College.

|  |  |
| --- | --- |
| **Please provide your full name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Specialty** |  |
| **Signature** |  |
| **Date** |  |

**This form is completed by Fellows Elect who are successfully elected indicating they are willing to accept the Fellowship nomination and are agreeing to pay the relevant fees to become and maintain their Fellowship.**

**Return completed form by email to:** [**conferrings@rcpi.ie**](mailto:conferrings@rcpi.ie)

**Or by post to: Events**

**Royal College of Physicians of Ireland**

**Frederick House**

**19 South Frederick Street**

**Dublin 2**

**Ireland**

**If you have any additional queries, please contact: *+353 18639700***

**ADMISSION TO FELLOWSHIP FORM**