

## AANMS MEMBERSHIP & FELLOWSHIP APPLICATION FORM

**(a) Application**

I apply to become a member of the Australasian Association of Nuclear Medicine Specialists (AANMS). I agree to the terms of the Constitution of the AANMS (see [www.aanms.org.au](http://www.aanms.org.au)), and to pay the applicable annual subscription.

**(b) Personal Details**

For the purposes of section 117(2) of the *Corporations Act 2001 (Cth)*, I give notice of the following personal details

<b>Full name</b> (Please print)			
<b>Home address</b>			
	State	Postcode	
<b>Mailing address</b> (If different from the above)			
	State	Postcode	
	<b>Telephone</b> (    )	<b>Fax</b> (    )	
<b>Email</b>			
<b>Signature</b>			

**(c) Amount of Guarantee**

As set out in the Constitution (clause 4.2), in the event that the company is wound up while I am a Member or within one year afterwards, I undertake to contribute \$25.00 to the assets of the Association.

**(d) Code of Conduct**

I acknowledge that, upon admission to membership of the AANMS, I will abide by the Constitution and Code of Conduct of the Association (see Clause 56.2, AANMS Constitution).

**(e) Proposer and Seconder**

**Please Note:** This application must be signed by a proposer and seconder, who are Members and Fellows of the AANMS, and by the applicant, as follows:

*We wish to nominate the above applicant for admission as a Member and Fellow of the AANMS. We believe this applicant has the appropriate higher qualifications and at least two years of recognised training in the specialty of nuclear medicine.*

<b>Proposer Name</b>			
<b>Signature</b>		<b>Date</b>	
<b>Seconder Name</b>			
<b>Signature</b>		<b>Date</b>	

**(f) Applicant's Signature**

I hereby apply for **Membership and Fellowship** of the Australasian Association of Nuclear Medicine Specialists (AANMS).

<b>Name</b> (Please print)			
<b>Signed</b>			
<b>Date</b>			

**Please return your completed and signed form with a full CV, including details of nuclear medicine training and any other medical specialist training, to the AANMS at:**

☐ PO Box 73, Balmain 2041, or ☎ 02 9818 4806, or 📧 Scanned form to: [aanms@aanms.org.au](mailto:aanms@aanms.org.au)