

TRAINEE MEMBERSHIP APPLICATION

I wish to become a Trainee Member of the Australasian Association of Nuclear Medicine Specialists.

PLEASE PRINT CLEARLY

Title		Full Name		
Address				
			State	
			Postcode	
Phone	()	FAX	()	
Mobile				
Email				

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

We wish to nominate the above applicant for admission as a Trainee Member of the AANMS. We acknowledge that, upon completion of training, he/she will be transferred to Ordinary Membership, and will be eligible for election to, Fellowship of the AANMS.

Proposer Name			
Signature		Date	
Seconder Name			
Signature		Date	

I accept this nomination and confirm that I have commenced, but not completed, advanced training in nuclear medicine. I understand that upon completion of my nuclear medicine training, I will be transferred to Ordinary Membership of the AANMS and will be eligible for election Fellowship of the Association. I agree to abide by the Constitution and Code of Conduct of the Association.

Applicant's Signature		Date	
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*This application must be accompanied by a **full curriculum vitae**, including address of the applicant's current (or, if training has been suspended, most recent) nuclear medicine training site. Please see the AANMS website (www.aanms.org.au) for current annual membership fees.*

