



TRAINEE MEMBERSHIP APPLICATION

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

PLEASE PRINT CLEARLY

Title		Full Name						
Address								
					State		Postcode	
Phone	()		Mobile					
Email								

Please Note: This application must be signed by a proposer and seconder, who are Members and Fellows of the AANMS, and by the applicant. **The applicant must be personally known to the proposer and seconder.**

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 full 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 full 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.

I do NOT agree to my name and state being published on the AANMS website to show my AANMS membership.

Applicant's Signature					Date	
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*This application must be accompanied by a **full curriculum vitae**, including the address of the applicant's current (or, if training is currently interrupted, most recent) nuclear medicine training site.*

09/22