



## AANMS MEMBERSHIP AND 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>					
<b>Home address</b>					
	<b>City</b>		<b>State</b>		<b>Postcode</b>
<b>Mailing address</b> <i>(if different from the above)</i>					
	<b>City</b>		<b>State</b>		<b>Postcode</b>
<b>Qualifications</b> <i>(please list all qualifications)</i>					
<b>Telephone</b>		<b>Mobile</b>			
<b>Email</b>					

**(c) Amount of Guarantee**

As set out in the Constitution (clause 4.4.2), 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.

**(e) Proposer and Seconder**

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

*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. The applicant is known to us personally, and as such is believed to be an applicant of good standing who will abide by the AANMS Code of Conduct.*

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

**(f) Applicant's Signature** – this application must be signed by the applicant as follows:

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

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

<b>Name</b>			
<b>Signed</b>		<b>Date</b>	

Please return your completed and signed form *with a full CV*, to the AANMS at:  
[admin@aanms.org.au](mailto:admin@aanms.org.au) or PO Box 73 Balmain NSW 2041