



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 | | | | | | |
| City | | 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 to 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 | |
|------------------------------|--|-------------|--|

*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.*

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

01/23