

## TRAINEE MEMBERSHIP APPLICATION

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

**PLEASE PRINT CLEARLY**

<b>Title</b>		<b>Full Name</b>				
<b>Address</b>						
			<b>State</b>		<b>Postcode</b>	
<b>Phone</b>	(    )	<b>FAX</b>	(    )			
<b>Mobile</b>						
<b>Email</b>						

**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.*

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

*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.*

<b>Applicant's Signature</b>		<b>Date</b>	
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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](http://www.aanms.org.au)) for current annual membership fees.*

Promoting Quality Molecular Imaging In Medicine

