

AANMS MEMBERSHIP & 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), 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

Full name (Please print)			
Home address			
	State	Postcode	
Mailing address (If different from the above)			
	State	Postcode	
	Telephone ()	Fax ()	
Email			
Signature			

(c) Amount of Guarantee

As set out in the Constitution (clause 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 (see Clause 56.2, AANMS Constitution).

(e) Proposer and Secunder

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

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.

Proposer Name			
Signature		Date	
Secunder Name			
Signature		Date	

(f) Applicant's Signature

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

Name (Please print)	
Signed	
Date	

Please return your completed and signed form with a full CV, including details of nuclear medicine training and any other medical specialist training, to the AANMS at:

☐ PO Box 73, Balmain 2041, or ☎ 02 9818 4806, or 📧 Scanned form to: aanms@aanms.org.au