THE AUSTRALASIAN COLLEGE OF MEDICAL SCIENCES AND RESEARCH

APPLICATION FOR MEMBERSHIP

Incorporated under the *Colleges Incorporation Act 2009*
(Incorporation number: INC 9895923)

Membership Level (please tick):

Professional Scientist ☐ Professional Technical Officer ☐ Associate ☐ Student ☐

First Year Associate ☐ First Year Professional ☐ Emeritus ☐ Corporate Member ☐

Name: ....

(Family name) (Given names)

Title: ..... Date of birth: …… Gender: M ☐ / F ☐

Email address: ……

Postal Address: .....

State: ..... Country: …… (if not Australia)

Daytime contact Tel: ….....

Occupation/position: ……

Organisation: …… Department: ……

Qualifications: ……..……..

…….....

Membership of other associations (if applicable): ……

Please indicate here if you give consent for your name to be included in the Membership List which is distributed to all members. Yes ☐ No ☐

I hereby apply for membership of the Australasian College of Medical Sciences and Research (ACMSR). In the event of my admission as a member, I agree to be bound by the constitution of the College for the time being in force.

....

Signature of applicant Date

Please send this form, copies of qualifications, employment history (CV) and send by
Email : *membership@acmsr.org.au* Fax : (61) 2 9798 8273
Post: *PO Box 204, Westmead, Sydney, NSW, Australia 2145*

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PAYMENT: *PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION; INVOICE WILL BE SENT UPON ACCEPTANCE.*