



Australian and New Zealand Association of Neurologists

Nomination and Application for Membership

Nomination

We, the undersigned, propose that

(Full name)

be admitted as

(Membership Category)

Member of the Association. We are satisfied by virtue of his/her training, and of his/her character that he/she is a suitable person to be admitted to the above category of Membership (see outline of categories below). A copy of the candidate's curriculum vitae is attached.

Proposed by:

Signature

Proposed by:

Signature

Dated:

By agreeing, I hereby confirm: I am a Full financial member of ANZAN who may nominate/second an application for membership

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Application

* Outline of commonly-applied for categories of membership

Full	has practised clinical neurology for 3 years and intends to continue
Affiliate in Training	currently an advanced trainee in neurology (RACP)
Associate	not engaged in clinical neurology, but is engaged in problems related to the nervous system
Junior Affiliate	medical students and medical graduates with an interest in neurosciences who have not commenced Advanced Training in Neurology

Are you applying from an LMIC Country Yes No

For LMIC Applicants only: Are you a medical student or trainee (Junior Affiliate) Yes No

For LMIC Applicants only: Are you a qualified neurologist (Corresponding Ordinary) Yes No

If you checked "Yes" above, you must submit proof of employment in an LMIC country. This is any document that proves you are living/working in that country and includes your photo, name and home or work address (A residency card, work ID, etc.). The list of LMIC countries can be consulted [here](#).

I have attached LMIC Documentation

I _____ (Full name)

Hereby apply to become a _____ (Membership Category)*

Member of the Australian and New Zealand Association of Neurologists, and agree to be bound by the Memorandum and Articles of Association of the Australian and New Zealand Association of Neurologists.

Signed

Date:

Applicant Details

Current Address

Postcode

State

Country

Contact Number:

Fax Number:

Email Address:

I consent to having my contact information displayed on the ANZAN member database, for ANZAN members only.

*Please complete and return with current CV to anzan@anzan.org.au and cc members@anzan.org.au

Or send to: ANZAN Secretariat, 145 Macquarie St, Sydney NSW 2000

* LMIC Applicants -Nomination for membership - If you are not able to locate an ANZAN member to nominate you for membership please contact: anzan@anzan.org.au