



AUSTRALIAN & 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:
PRINT NAME SIGNATURE

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PRINT NAME SIGNATURE

DATED THIS: DAY OF: 20

**** only financial Full members of ANZAN may nominate/second an application for membership**

APPLICATION

I, (PRINT FULL NAME)

hereby apply to become a (MEMBERSHIP CATEGORY)*

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

SIGNED: DATE:

APPLICANT DETAILS

1. CURRENT ADDRESS FOR CORRESPONDENCE

.....
..... POST CODE

1. CONTACT TELEPHONE NUMBERS: (BH) (AH)

FAX NUMBER: E-MAIL ADDRESS.....

*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

Please complete and return together with current CV to AAN Secretariat, 145 Macquarie St, SYDNEY NSW 2000 to arrive no later than – Date applicable: