AHMF MEMBERSHIP APPLICATION FORM

This application for membership must be signed and dated by the applicant, and signed by a proposer on your behalf who is a current registered member of the AHMF. If a registered member is not available, please leave blank, and applicants may be proposed by members of the Board of Directors.

A Curriculum Vitae must be included as part of your application.

Applications will be considered at the next meeting of the Board of Directors and applicants will be notified by mail of membership approval.

Applicant Details

I hereby apply for membership of the AHMF, and in doing so agree to uphold the principles of the Group and promote its objectives.

Title:	Full Name:	
Member Area of Interest/Speciality:		
Mailing Address:		
		Post Code:
Ph:	Fax:	Mobile:
Email:		Signature:

Nominator

If a registered member is not available, please leave this section blank and a member of the Board will review the proposed application at the next Board meeting.

Details of Proposer(Registered member)

Title:	Full Name:
Date:	Signature:

☐ Yes, I have supplied a copy of my CV with this application

☐ Yes, I require a copy of the Constitution of the Group

Return form to:

AHMF Secretariat
C/- STIRC
Marian Villa
Westmead Hospital
WESTMEAD NSW 2145

ph: + 61 2 8230 3843
fax: + 61 2 9845 6287
email: ahmf@ahmf.com.au

Membership Accepted Yes ☐ No ☐ Date Accepted _____ Acceptance letter sent ☐