



A U S T R A L I A N & N E W Z E A L A N D
Association of Neurologists

Nomination & Application for Membership

Nomination

We, the undersigned, propose that _____ *(Print 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*

Proposed by: _____
Print Name *Signature*

Dated this: _____ day of _____ 20 _____

Application

I, _____ *(Print 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: _____

Details

1. Current Address for Correspondence: _____

_____ Post Code: _____

2. Contact Telephone Numbers: _____ (BH) _____ (AH)

Fax Number: _____ Email Address: _____

3 Spouse's Name: _____

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 ANZAN Secretariat - 145 Macquarie St, Sydney NSW 2000
To arrive no later than – Date applicable: