



# Australian Institute of Medical Scientists



ABN 12 945 883 573

## MEMBERSHIP APPLICATION FORM

(Please print clearly using block letters)

Title (Ms/Mr/Dr) \_\_\_\_\_ Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Sex Male / Female  
(Please circle)

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Work address

Position title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

I prefer all information to be posted to my: (tick box)

home address  work address

### Contact telephone numbers and email address

country code / area code / local number

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Home \_\_\_\_\_

Email \_\_\_\_\_

Are you or have you previously been a member of AIMS?

(tick box) No  Yes

Membership Number if known # \_\_\_\_\_

This application is for (tick box)

- New Membership
- Membership reinstatement
- Membership reclassification

Initial tertiary qualifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_

Date of final examination \_\_\_\_\_

### Higher degree / Postgraduate academic qualifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_

Date of final examination \_\_\_\_\_

\_\_\_\_\_

Certified photocopies of academic qualifications and transcript(s) of subjects must accompany this application.

Professional experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer certification must be provided for experience claimed.

The AIMS Membership Committee will decide the relevant category of membership for each applicant on reviewing the documentation.

- MEMBER
- GRADUATE
- INTERMEDIATE

### MAJOR DISCIPLINE / AREA OF SPECIALTY

- Clinical Biochemistry  Cytology
- Microbiology  Histopathology
- General  Immunology
- Blood Transfusion  Haematology
- Other \_\_\_\_\_

Membership of other professional organisation e.g. AACB

\_\_\_\_\_

\_\_\_\_\_

### NON-VOTING MEMBERSHIP

STUDENT Official title of course

(Please provide certified proof of enrolment).

Institution \_\_\_\_\_

Year of study (e.g. 1<sup>st</sup> year) \_\_\_\_\_ Part time / Full time

AFFILIATE Qualification or basis for application

\_\_\_\_\_

\_\_\_\_\_