



Neurosurgical Society of Australasia

ABN 50 283 605 657 Incorporated in New South Wales
College of Surgeons' Gardens, 240 Spring Street, Melbourne Victoria
Phone + 61 3 9249 1294, Facsimile + 61 3 9249 1293, Email college.nsa@surgeons.org

Membership Nomination Form Neurosurgical Society of Australasia

Personal Details

Full Name (including title): _____

Correspondence address: _____

Office Telephone: _____ Facsimile: _____

Mobile Number: _____ Email: _____

Date of Birth: _____

Do not attach a separate curriculum vitae to this nomination form

Qualifications

Qualification	Year Awarded	Institution

Memberships or Committee/Board positions

Term (dates)	Role (chair, member etc)	Name of Body

Employment Appointments (six most recent including current appointment)

Dates	Institution	Position

Please provide a brief outline of any major research interests (Trainee members exempt)

Please provide a brief outline of any major clinical interests (Trainee member exempt)

Nomination

I, _____ (full name of applicant)

hereby apply to become a (tick one) Provisional Full Senior Associate International

member of the above named incorporated Society. In the event of my admission as a member, I agree to be bound by the rules of the Society for the time being in force.

Signature of applicant

Date

I, _____ (full name of proposer) being a Full Member of the

Society, nominate the applicant, who is personally known to me, for nomination to the membership category of the Society identified above.

Signature of proposer

Date

I, _____ (full name of seconder) a full member of the

Society, nominate the applicant, who is personally known to me, for nomination to the membership category of the Society identified above.

Signature of seconder

Date

Return the completed form to:
Neurosurgical Society of Australasia, College of Surgeons' Gardens, 240 Spring Street, Melbourne Victoria
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