



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

Trainee Membership Nomination Form Neurosurgical Society of Australasia

Personal Details

Full Name (including title): _____

Correspondence address: _____

Office Telephone: _____ Facsimile: _____

Mobile Number: _____ Email: _____

Date of Birth: _____

Nomination

I, _____ (full name of applicant)
have been accepted to the Royal Australasian College of Surgeons, Surgical Education and Training Program in Neurosurgery and hereby apply to become a Trainee 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

Return the completed form to:
Neurosurgical Society of Australasia
College of Surgeons' Gardens
240 Spring Street
Melbourne Victoria 3000
Phone + 61 3 9249 1294
Facsimile + 61 3 9249 1293
Email college.nsa@surgeons.org