



PER SCIENTIAM LUX MEDICINAE

APPLICATION FOR MEMBERSHIP

1. **SURNAME:** _____ **FIRST NAMES:** _____
2. **HOME ADDRESS:** _____
3. **WORK ADDRESS:** _____
4. **TELEPHONE NO:** _____ (Home) _____ (Work)
5. **FAX NO:** _____ **EMAIL:** _____
6. **PRESENT POSITION/RESPONSIBILITIES:** _____
7. **ORGANISATION:** _____
8. **QUALIFICATIONS:** (Please attach certified copies)

Degree/Diploma	Year	Major Subjects	Institution

9. **EXPERIENCE:**

Date: from, to	Organisation	Position	Profession/work

10. **MEMBERSHIP CATEGORY:** (Please delete which is not applicable)

Full membership/Associate membership

11. **AVAILABILITY:** (Please delete which is not applicable)

My name can/cannot be made available in registers and lists of radiation protection.

12. **PROPOSER:**

NAME (PRINT) _____ **SIGNATURE:** _____

13. **SECONDER:**

NAME(PRINT) _____ **SIGNATURE:** _____

14. **DECLARATION BY APPLICANT:**

I, the undersigned, hereby declare that all information contained above is correct and that I agree to abide by the constitution of the Society.

DATE: _____ **SIGNATURE:** _____