

**Paediatric Research Society
of Australia and New Zealand**



PRSANZ

APPLICATION FOR ELECTION AS A MEMBER

Name:
 Title : Date of Birth:..... Sex:
 Postal Address:

Post code:

Telephone: Fax: E-mail:
 Present Position:
 Latest two positions :

Academic Qualifications	Institution	Year
.....
.....
.....

Please attach a brief CV including evidence of your involvement & commitment to paediatric research eg. a list of publications, presentations, current research projects, or other evidence of research involvement. continue to do so.

I hereby apply for membership of the Paediatric Research Society of Australia & New Zealand.

Signed: Date:

NOMINATION FORM

We being members of the PRSANZ, hereby nominate the applicant named above for Full Membership of the Society. We believe that the nominee is currently contributing to paediatric research and is likely to continue to do so.

Name: Name:
 Signature: Signature:
 Date: Date:

Applications together with a **cheque for \$A40- made out to the PRSANZ** (which is tax deductible) should be sent to: *The Secretary PRSANZ, C/- Ms Jenny Fowler, Dept. Of Paediatrics & Child Health, The Children's Hospital, Locked Bag 4001, Westmead, 2145, NSW.*