



ACTM MEMBERSHIP UPGRADE APPLICATION • *confidential*

I wish to upgrade to a: Fellow Member

Preferred mailing address: Work Home

Title (*Dr / Prof / Mr / Mrs / Ms / Rev / Col*) _____

Surname _____ Given Names _____

Preferred Name _____

Current Position _____

Current Employer _____

Work Address _____

City _____ State _____ Postcode _____ Country _____

Telephone _____ Mobile _____ Facsimile _____

Home Address _____

City _____ State _____ Postcode _____ Country _____

Telephone _____ Mobile _____ Facsimile _____

Email _____

Date of Birth _____ / _____ / _____ Sex Male Female

Academic Qualifications _____

Professional Qualifications _____

Previous Experience in Tropical Medicine _____

Signature of Applicant _____ Date _____ / _____ / _____

Signature of Proposer¹ _____ Date _____ / _____ / _____

(followed by name in BLOCK letters) _____

Signature of Seconder¹ _____ Date _____ / _____ / _____

(followed by name in BLOCK letters) _____

¹ At least one of the nominator or seconder must be a Fellow of the College, otherwise please supply the names, addresses and telephone / facsimile numbers of two professional referees.

SCHEDULE OF SUBSCRIPTION RATES AS AT 31.06.08 - \$AUD

Upgrade Fee \$64.00 + \$6.40 GST = \$70.40 _____

(All Australian applicants to pay GST)

TOTAL PAYMENT _____

METHOD OF PAYMENT

Cheque Enclosed (*in Australian dollars*)

Money Order Enclosed (*in Australian dollars*)

Credit Card Visa Mastercard Bankcard

Number Expiry _____ / _____ / _____

Cardholder's Name _____

Signature _____ Date _____

PLEASE SEND

Full Curriculum Vitae and recent Passport-sized photograph.

List of publications, presentations and technical contributions (*lecturers may also submit a teaching profile*).

Certified copies of degree / professional membership certificates.

Other supporting documents.

Application fee.

RETURN TO:

ACTM Secretariat, PO Box 123, Red Hill Qld 4059 • Tel +61 7 3872 2246 • Fax +61 7 3856 4727 • Email actm@tropmed.org