



# 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 Proposer<sup>1</sup> \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(followed by name in BLOCK letters) \_\_\_\_\_

Signature of Seconder<sup>1</sup> \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(followed by name in BLOCK letters) \_\_\_\_\_

<sup>1</sup> 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](mailto:actm@tropmed.org)