



**Australian and New Zealand
Association of
Paediatric Surgeons Inc**

Royal Australasian College of Surgeons
250-290 Spring Street
EAST MELBOURNE VIC 3002

Australia

T: +61 3 9249 1183

E: college.anzaps@surgeons.org

www.anzaps.org

NOMINATION FOR MEMBERSHIP

I _____ of _____
being a member of the above named Association, hereby nominate
_____ of _____
for a membership of the
Australian and New Zealand Association of Paediatric Surgeons

Signed _____
(signature of Appointee) _____ Date _____

Signed _____
(signature of Nominator) _____ Date _____

NOMINEE DETAILS

Full Name (including Title)

Correspondence Address

Preferred Telephone Number

Alternative Number

Preferred Email for Correspondence

Current Employer

Current Position



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QUALIFICATIONS

Qualification	Year Awarded	Institution
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CURRENT MEMBERSHIP OR COMMITTEE/BOARD POSITIONS

Name of Body	Term (dates)	Role (chair, member, etc)
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MAJOR CLINICAL AND RESEARCH INTERESTS

Please provide a brief outline of any major clinical and research interests

Office Use

Date Received

Executive Committee Meeting Date

Approved

Confirmation letter sent