



AUCKLAND
MEDICO-LEGAL
SOCIETY

NOMINATION FOR MEMBERSHIP

NAME OF CANDIDATE (BLOCK CAPITALS)	
TITLE (Dr, Mr, Mrs, Ms, Other)	
OCCUPATION	
MEMBERSHIP STATUS: (Please tick box)	Full membership (\$330 pa) <input type="checkbox"/> First Year's membership (\$230.00 pa) <input type="checkbox"/> Retired member/70 years + (\$220 pa) <input type="checkbox"/> Junior member under 35 years (\$180 pa) <input type="checkbox"/> (Jr members please provide DOB) / /
EMAIL ADDRESS	
ADDRESS FOR CORRESPONDENCE	
TELEPHONE NUMBERS	(Home)
	(Work)
MOBILE	
PROPOSED BY	
SECONDED BY	

FOR COMMITTEE USE ONLY

DATE OF ELECTION _____

Please send by email to:

The Secretary, c/- medico-legal@officeassistant.co.nz

Or by post to:

The Secretary
Auckland Medico-Legal Society
PO Box 77-111
Mt Albert
Auckland 1350