



AUCKLAND  
MEDICO-LEGAL  
SOCIETY

**NOMINATION FOR MEMBERSHIP**

<b>NAME OF CANDIDATE (BLOCK CAPITALS)</b>	
<b>TITLE (Dr, Mr, Mrs, Ms, Other)</b>	
<b>OCCUPATION</b>	
<b>MEMBERSHIP STATUS:</b> <b>(Please tick box)</b>	First Year Membership (\$230 pa) <input type="checkbox"/> First Year Membership (under 35 years) (\$180) <input type="checkbox"/> Retired Membership over 70 years (\$220) <input type="checkbox"/>
<b>EMAIL ADDRESS</b>	
<b>ADDRESS FOR CORRESPONDENCE</b>	
<b>TELEPHONE NUMBERS</b>	(Home)
	(Work)
<b>MOBILE</b>	
<b>PROPOSED BY</b>	
<b>SECONDED BY</b>	

**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