



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 <input type="checkbox"/>
	First Year Membership (\$230 pa) <input type="checkbox"/>
	Membership (under 35 years) (\$180) <input type="checkbox"/>
	DOB: / /
	Retired Membership over 70 years (\$220) <input type="checkbox"/>
EMAIL ADDRESS	
POSTAL ADDRESS	
TELEPHONE NUMBERS	(Home)
	(Work)
	(Mob)
PROPOSED BY	
SECONDED BY	

FOR COMMITTEE USE ONLY

DATE OF ELECTION _____

Please send by email to:

The Secretary
Auckland Medico-Legal Society
Email: medico-legal@officeassistant.co.nz