



AUCKLAND
MEDICO-LEGAL
SOCIETY

NOMINATION FOR MEMBERSHIP

NAME OF CANDIDATE (BLOCK CAPITALS)	
TITLE (Dr, Mr, Mrs, Ms, Other)	
OCCUPATION	
MEMBERSHIP STATUS: (Please tick box) Rates as current on the Society's website	First Year Membership <input type="checkbox"/>
	Retired Membership over 70 years <input type="checkbox"/>
	Renewing membership <input type="checkbox"/>
EMAIL ADDRESS	
POSTAL ADDRESS	
TELEPHONE NUMBERS	(Home)
	(Work)
	(Mob)
PROPOSED BY	
SECONDED BY	

FOR COMMITTEE USE ONLY

DATE OF ELECTION _____

Please return by email to:

The Secretary
Auckland Medico-Legal Society
By email: admin@medicolegal.co.nz