



AUCKLAND
MEDICO-LEGAL
SOCIETY

NOMINATION FOR MEMBERSHIP

NAME OF CANDIDATE (BLOCK CAPITALS)	
TITLE (Dr, Mr, Mrs, Ms, Judge, Other)	
OCCUPATION	
MEMBERSHIP STATUS: (Please tick box)	First Year Membership (1 st year only; \$490 per annum for subsequent years) \$390.00 per annum <input type="checkbox"/>
	Retired Membership over 70 years \$380.00 per annum <input type="checkbox"/>
	Renewing membership \$490.00 per annum <input type="checkbox"/>
PRIMARY EMAIL ADDRESS:	
SECONDARY EMAIL ADDRESS (personal):	
POSTAL ADDRESS:	
TELEPHONE NUMBERS:	(Mob):
	(Work):
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

