

Nomination Form

Associate Member

I _____
(Name in BLOCK LETTERS)

of _____

nominate _____

for Associate Membership of the Royal College of Pathologists of Australasia.

Signature: _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

second the nomination of _____

for Associate Membership of the Royal College of Pathologists of Australasia.

Signature: _____ Date: _____

- Nominators:** Nominators must be Fellows of the College or College Faculties
- A letter of support from each Nominator must accompany this form
 - A copy of the Nominee's CV must be enclosed.

Applications will be considered by the RCPA Council at its next meeting.

Please mail nominations in confidence to:
The Royal College of Pathologists of Australasia
Durham Hall, 207 Albion Street, Surry Hills NSW 2010

Please refer to criteria in the College By-Law on Associates before applying