

## PROPOSER AND SUPPORTER DECLARATION FORM

**Applicant Full Name:** .....

### 1. Declaration of Support

Applicants for Associate Membership must be proposed by a Fellow, Member or distinguished Fellow and supported by another. Both must know the applicant personally.

#### PROPOSER

I have known the applicant personally for ..... years and propose them as an Associate Member of the Australasian College of Physical Scientists and Engineers in Medicine.

Name .....

*Select your Membership Tier*

Signature.....Date.....

#### SUPPORTER

I have known the applicant personally for ..... years and support their application as an Associate Member of the Australasian College of Physical Scientists and Engineers in Medicine.

Name .....  
(Block Capitals)

*Select your Membership Tier*

Signature.....Date.....

### 2. Verification of Academic Qualification (NOT required for TEAP Registrars)

This information if applicable **MUST** be filled in by the applicant and **be verified either by their proposer or supporter**. Alternatively, applicants can provide certified copies of suitable documentary evidence to the ACPSEM office.

Degree or Diploma	Date Conferred	Tertiary Institution	Final Year Subjects		Degree Class	Initials of Verifier
			Major	Minor		