



ACPSEM

Australasian College of Physical Scientists & Engineers in Medicine

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.

Table with 6 columns: Degree or Diploma, Date Conferred, Tertiary Institution, Final Year Subjects (Major/Minor), Degree Class, Initials of Verifier.