



PROPOSER AND SUPPORTER DECLARATION FORM

Applicant Full Name:

1. Declaration of Support

Applicants for Associate Membership must be proposed by a Fellow or Ordinary Member and supported by one Fellows or Ordinary Members both of whom must know the applicant personally.

PROPOSER

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

Name F.A.C.P.S.E.M.*
(Block Capitals)

Signature.....Date.....
M.A.C.P.S.E.M.*

SUPPORTER

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

Name F.A.C.P.S.E.M.*
(Block Capitals)

Signature.....Date.....
M.A.C.P.S.E.M.*

Note: * Delete or cross-off as appropriate.

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 his/her 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		