

**APPLICATION FOR MEMBERSHIP OF
THE AUSTRALASIAN FACULTY OF MUSCULOSKELETAL MEDICINE**

A company limited by guarantee

I, _____ (full name)

of _____

_____ (address),

_____ (occupation), hereby apply to become a member of the Australasian Faculty of Musculoskeletal Medicine. Details of my professional qualifications are attached. In the event of my admission as a member of the Faculty I hereby pledge myself as a condition of membership of the Faculty to conduct myself in strict accordance with the Memorandum and Articles of Association of the Faculty. I agree that all communications made by the Council in relation to my membership of the Faculty shall be absolutely privileged and shall for all purposes be deemed to be absolutely privileged communications.

.....(signature)

dated.....

I,(full name), a member of the Faculty, nominate the applicant, who is personally known to me, for membership of the Faculty.

.....(signature)

dated.....

I,(full name), a member of the Faculty, second the nomination of the applicant for membership of the Faculty.

.....(signature)

dated.....