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***AAAHP Membership Application Form***

**First Name ………………………………………………….**

**Last Name……………………………………………………..**

**Email……………………………………………………………..**

**Mobile Number………………………………………………**

**Address…………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………**

**……………………………………………………………………..**

**Suburb…………………………………………………………………………………………….**

**State…………………………………………………………………………………………………**

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**Date of birth……………………………………………………………………………………………………….**

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**Nationality…………………………………………………………………………………………………………..**

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**Gender………………………………………………………………………………………………………………**

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**Passport Sized photo submitted Y/N………………………………………………………**

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**Workplace………………………………………………………………………………………………………**

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**Workplace address…………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………Membership Level**

**FULL/Student/Associate (Full and Student membership only available to Australian Residents)**

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**Workplace state/territory (if Aust)…………………………………………………………………………………………………..**

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**Copy of Anaesthesia qualification submitted Y/N………………………………………….**

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**Professional qualification – Other……………………………………………………………………………………..**

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**Institution qualified at…………………………………………………………………………………………………………………**

**All Student and Full membership Applications must be accompanied by a colour passport sized photo of the applicant plus a copy of the applicants Anaesthesia qualification or Student ID. All applicants will be notified by email of their membership status and will receive an Invoice with payment instructions.**

**DO NOT SEND PAYMENT WITH THIS APPLICATION**

**Full Membership $75**

**Student Membership $25**

**Associate Membership $50**

**Post to AAAHP registrar, PO BOX 656, Lavington, NSW, 2641 or email to registrar@aaahp.org.au**