

Application for Free Membership

This application for membership must be signed and dated by the applicant, and signed by a proposer and seconder on your behalf (whom are both current members of the AGITG). If two registered members are not available, please leave second nominator blank, and applicants may be seconded by members of the Board of Directors.

Applications will be considered at the next meeting of the Board of Directors and applicants will be notified by mail of membership approval.

Please indicate below if you require a copy of the Constitution of the Group.

I hereby apply for membership of the AGITG, and in doing so agree to uphold the principles of the Group and promote its objectives.

Applicant Details

TITLE	FULL NAME	APPLICANT SPECIALTY
BUSINESS ADDRESS		
PHONE	FAX	MOBILE
EMAIL		
DATE	SIGNATURE	

Nominators

Proposer (Registered Member)			
TITLE	FULL NAME	SIGNATURE	DATE

Seconder (Registered Member)			
TITLE	FULL NAME	SIGNATURE	DATE

Please tick if you require a copy of the Constitution of the Group

RETURN FORM TO: AGITG Co-ordinating Centre
Locked Bag 77,
Camperdown NSW 1450

ph: (02) 9562 5340
fax: (02) 9562 5348
website: www.gicancer.org.au
email: AGITG@ctc.usyd.edu.au

OFFICE
USE
ONLY

Membership Accepted? Yes No

DATE ACCEPTED

Acceptance letter sent