APPLICATION FOR MEMBERSHIP FORM

The Royal Children’s Hospital Alumni

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** |  | | **Title:** |  |
| **First Name(s):** |  | | **Date of Birth:** |  |
| **Postal Address:** |  | | | |
| **Email:** |  | | | |
| **Mobile Number:** |  | | | |
| **Home Phone:** |  | | | |
| **Qualifications:** |  |  | | |
| **Australian Honours:** |  |  | | |
| **Year of Commencement at RCH Campus:** |  |  | | |
| **RCH / MCRI / University Department of Paediatrics Appointments:** |  |  | | |
| **Tenure at RCH Campus – Do you still work at the RCH Campus?** | Yes – Proposed Year of Retirement from RCH campus | No – Year of Retirement from RCH campus: | | |
|  | Year | | |
| **Signature:** |  | | **Date:** |  |

**Please return** **completed** **form** **via** **email** **to:** rch.alumni@rch.org.au

or post to:

Hon Secretary, RCH Alumni

Dr Caroline Clarke

16 Sophora Court

Lwr Templestowe

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