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

VIC 3107