



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 <input type="checkbox"/> campus:	No – Year of Retirement from RCH campus: <input type="checkbox"/>
	Year:	Year:

Signature:		Date:	
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Please return completed form to:

RCH Alumni
 Executive Offices
 4th Floor, West Building
 The Royal Children's Hospital
 50 Flemington Road
 PARKVILLE VIC 3052