

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:		
RCH Appointments:		
Tenure at RCH - Do you still work at RCH?	<input type="checkbox"/> Yes - Proposed Year of Retirement from RCH:	<input type="checkbox"/> No - Year of Retirement from RCH:
	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