**APPLICATION FOR AFFILIATE MEMBERSHIP**

*Note: If you are a medical practitioner or dentist this is not the correct category for you. Please apply for Associate or Medical/Dental Affiliate membership instead.*

**Eligibility requirements for Affiliate Members (extracted from Article 9 of the Articles of Association):**

A person who:

* is a health practitioner, not being a medical practitioner or dentist, registered with the appropriate licensing authority, who has formal legal training and/or who works in the field of legal or forensic medicine; or
* is a registered legal practitioner

is eligible to apply for membership as an Affiliate Member of the College.

There is no College post-nominal to be used by an Affiliate. An Affiliate otherwise enjoys all College privileges and opportunities and will pay subscription fees.

**Fees payable:**

* A non-refundable application fee of $110 for Affiliates is payable upon submission of this application.
* Annual College subscription fees are $165 for Affiliates, which are billed in June of each year for the coming Financial Year. If you join partway through the year, you will be issued a pro-rata annual subscription fee for the remaining part of the year.

**Instructions to submit your application:**

* Please fill out the form below, then submit your application via our website: <https://legalmedicine.com.au/join/membership-apply-online/>  
  Pay the application fee online, upload this form and all required supporting documentation.
* If you have trouble uploading the documents, you can email them to aclm9@legalmedicine.com.au and an invoice for the application fee will be sent to you.

**Note:**

* Assessment of applications cannot commence until all the required documentation has been received, including certified copies.
* Applications will be reviewed by the Censor in Chief.
* All information is treated in accordance with [ACLM Privacy Policy.](https://legalmedicine.com.au/wp-content/uploads/2023/08/ACLM-Privacy-Policy.pdf)
* If you find the outcome of your application unsatisfactory, you may appeal the decision as per the procedure outlined in *Article 10A Appeals*.

**AFFILIATE MEMBER APPLICATION FORM:**

**Title**

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| --- |
|  |

**Name**

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| --- |
|  |

**Home address**

|  |
| --- |
|  |

**Professional address**

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|  |

**Telephone numbers in hours After hours (mobile)**

|  |  |
| --- | --- |
|  |  |

**E-mail address Alternate E-mail address**

|  |  |
| --- | --- |
|  |  |

**\* Please highlight preferred mailing & email address**

*Please attach a certified copy of your birth certificate or current passport and a recent photograph of yourself.*

Affix Photograph Here

**HEALTH QUALIFICATIONS**

**Professional qualifications (if applicable)**

|  |
| --- |
| *List qualification, university, year completed*  *Attach certified copy of testamur (s)* |

**Other College/professional body affiliations**

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|  |

**Current area (s) of professional practice**

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| --- |
|  |

**LEGAL or FORENSIC QUALIFICATIONS/EXPERTISE**

**Professional qualifications (if any)**

|  |
| --- |
| *List qualification, university, year completed*  *Attach certified copy of testamur (s)*  *Please also include any ACLM courses you have attended* |

**Current area of legal practice (if any)**

|  |
| --- |
|  |

**Current area of study and expected completion / Intended area of study and expected start**

|  |
| --- |
| *List course, faculty, university and expected completion date*  *Attach evidence of enrolment (if applicable)* |

**Are you in good standing with your current professional registration body?**

|  |
| --- |
| *Attach evidence of current professional registration* |

**Relevance of current practice to legal / forensic medicine**

|  |
| --- |
| *Explain how your current medical / dental practice is relevant to legal and/or forensic medicine* |

**DECLARATION:**

* I certify that the information supplied above and in the attachments is complete and correct.
* I will notify the College of changes to my personal or professional details.
* I undertake to pay all fees.
* I authorise the College to collect, store and use my details and have been provided with and accept the ACLM [Privacy Policy](https://legalmedicine.com.au/about-us/policies/) and [Document Access, Retention and Disposal Policy](https://legalmedicine.com.au/about-us/policies/).
* I consent to receiving member communication emails and acknowledge I can opt-out of marketing emails at any time.
* I have been provided with and accept the College’s [Memorandum and Articles of Association](https://legalmedicine.com.au/memorandum-articles-of-association/). If admitted to membership of the Australian College of Legal Medicine, I agree to abide by all College requirements incorporated in this document.

**Name (please sign and print name) Date**

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| --- | --- |
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**CHECKLIST OF SUPPORTING DOCUMENTATION:**

Please make sure to send all required documentation with your application form to assist us in processing your application.

* A recent photograph and certified copy of either your birth certificate or current passport
* Qualifications already completed (if applicable) – attach certified copy of testamur/s
* Evidence of current professional registration

*Certified copies* means that the original document and copy have been sighted by a JP or similar, clearly stamped and signed by JP or similar, then scan the certified copy and email to ACLM. Hard copies are not required.