**APPLICATION FOR ASSOCIATE MEMBERSHIP**

**Eligibility requirements for Associate Members (extracted from Article 8 of the Articles of *Association):***

A person who:

* is a registered medical practitioner or dentist with the appropriate licensing authority in Australia or New Zealand or, if from another jurisdiction, a Council approved licensing authority; and
* is currently undertaking, or in the foreseeable future is proposing to undertake, a graduate qualification relevant to legal or forensic medicine; or
* is currently practicing in a field of medicine or dentistry which the Council considers relevant to legal and/or forensic medicine, but who is not undertaking or proposing to undertake, a graduate qualification relevant to legal or forensic medicine; or
* has successfully completed the graduate requirements for membership as a Member or as a Fellow, but who is yet to complete the expert witness program, the law intensives and an examination, each conducted by the College;

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

An Associate Member is not entitled to claim his or her membership of the College as denoting specialist knowledge, skill and experience, nor may any abbreviations be used after his or her name to signify membership of the College.

**Fees payable:**

* A non-refundable application fee of $220 for Associates is payable upon submission of this application.
* Annual College subscription fees are $440 for Associates 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.

**Member/Fellow Pathway:**

After entry to Associate membership, applicants are encouraged to progress towards Member or Fellowship by completing the requirements.

**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*.

**ASSOCIATE MEMBER APPLICATION FORM:**

**Title**

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|  |

**Name**

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**Home address**

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|  |

**Professional address**

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

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

|  |  |
| --- | --- |
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**\* 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

**MEDICAL/DENTAL QUALIFICATIONS**

**Professional qualifications (medical/dental & other)**

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

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

**LEGAL QUALIFICATIONS**

**Professional qualifications (if any)**

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

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

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| --- |
|  |

**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* |

**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**

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

**ACLM COURSES COMPLETED**

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| --- |
| *List any completed including year, if applicable* |

**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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**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 Legal/Forensic university course enrolment (if applicable) e.g. enrolment letter of acceptance
* 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.