FACTA INC.
FORENSIC & CLINICAL TOXICOLOGY ASSOCIATION INC

APPLICATION FOR MEMBERSHIP OF THE FORENSIC AND CLINICAL TOXICOLOGY ASSOCIATION INC

I, _____ *(insert name)*

Of _____ *(organisation)*

_____ *(professional address)*

_____ *(occupation)*

Email:_____ Tel No: _____

wish to become a ☐ full OR ☐ student [*check which is applicable*] member of the Forensic and Clinical Toxicology Association (FACTA) Inc.

Do you consent to having your name, Institute, and email address included on the FACTA membership website, which will be password protected and will only be available to holders of full membership.

☐ Yes ☐ No *NB: [If boxes are **not** ticked it will be assumed that you consent to your name being included on the FACTA website]*

In the event of my admission as a member, I agree to be bound by the rules of the Association.

Signature of Applicant _____ Date _____

Nominations (to be filled in by colleague nominating individual for membership)

I, _____, a member of the Association

nominate the applicant, who is personally known to me,

for ☐ full OR ☐ student membership of the Association.

Signature of Proposer _____ Date _____

I, _____, a member of the Association, second

the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder _____ Date _____

Schedule of Fees (inc GST in AUD):

New members joining fee	$25	**(Payable by all new members)**
Full membership (annual)	$75	
Student membership (annual)	$30	

Email completed form to secretary@facta.org.au

(Upon approval of your application by the FACTA board, you will receive instructions for payment options by credit card or EFT)