



Application for Membership

The completed form should be returned with application fee to the National Secretary.
Please make cheques payable to: Australian Institute of Medical & Biological Illustration.

MEMBERSHIP LEVEL Practising Non-Practising (Remote member)
being applied for Student Corporate
(please tick 1 box)

CLASSIFICATION Art Audio-Visual Design/Graphics
(please tick 1 box) Management Photography Video

GENERAL INFORMATION

Surname	
First Name	
Business Address	
Postcode	
Telephone	
Fax	
Email	

QUALIFICATIONS

Details of professionally relevant qualifications (please supply copies of certificates)	
Details of Membership of other professional bodies and awards or honors	



Application for Membership

EMPLOYMENT

Present Position Title

Employer

Time in Position

Details of previous
related professional
employment

Employer

Title

Duration

Employer	Title	Duration

DECLARATION

I hereby apply for membership of the Australian Institute of Medical and Biological Illustration (AIMBI) and agree to abide by the AIMBI constitution and by-laws. All statements made in the membership application and supporting documentation (i.e. Curriculum Vitae) are true statement of fact.

Please find enclosed **\$25.00** (made payable to AIMBI) with my application. This amount being the National Joining Fee, which will be refunded if my application is unsuccessful.

Signature of applicant

Date

Successful applicants will receive a letter requesting an Annual Subscription fee.

Please return your application form to:

Vicki Adams
c/- Multimedia Services
Mater Health Services
South Brisbane Q 4101

OFFICE USE ONLY

Date Received

Fee Received

NC Approved

Applicant Informed

Member Number

Certificate Issued

Local Group
