



THE AUSTRALIAN AND NEW ZEALAND
FORENSIC SCIENCE SOCIETY INC.

WEST AUSTRALIAN BRANCH

Applications to Branch Secretary:

Judith Fordham
Centre for Forensic Science, M420
University of Western Australia
35 Stirling Highway
Crawley 6009
Western Australia

Application for Membership

Full name of applicant:

Address for correspondence:

Home Phone: Work Phone:

Email Address:

Occupation:

I, hereby make application for membership of the Australian and New Zealand Forensic Science Society of Western Australia and I enclose the sum of \$50.00 being the first year's annual subscription.

Applicant's signature:

Nominated by

(Please print name after signature)

Seconded by

(Please print name after signature)

Date / /2005

NOTE: Nominations to be made by financial members *ONLY*

Referee's Name & Contact details (phone, email, etc.)
.....

CV attached (tick)

For Committee Use Only

Application Approved by Committee on: / /2005

President Secretary

Correspondence sent to Applicant (tick)