



AUSTRALIAN INSTITUTE OF OCCUPATIONAL HYGIENISTS Inc
Nomination for Fellowship

Please return this form to the AIOH Office, PO Box 1205, Tullamarine, Vic, 3043
Phone: (03) 9335 2577 Fax (03) 9335 3454
Email: admin@aioh.org.au

Please complete in **BLOCK LETTERS**

Date granted Full Membership of the AIOH and/or Membership No. _____

TITLE: _____

DATE OF BIRTH: _____

SURNAME: _____

GIVEN NAMES: _____

HOME ADDRESS: _____

POSTCODE: _____

HOME PHONE: _____

HOME FAX: _____

COMPANY: _____

POSITION: _____

WORK ADDRESS: _____

POSTCODE: _____

WORK PHONE: _____

WORK FAX: _____

EMAIL: _____

MOBILE: _____

NOMINATED BY: _____
(Print Name)

DATE: _____

(Signature)

SECONDED BY: _____
(Print Name)

DATE: _____

(Signature)

NOTES

Please complete all sections on the Application Form in block letters, ensuring that the following documents are enclosed with your application. Accompanying Curriculum Vitae's will not be accepted for the purpose of providing application details. Incomplete applications will not be processed.

ATTACHMENTS FOR FELLOWSHIP NOMINATIONS

Before you dispatch your application, please make sure everything is enclosed

Please Tick

- | | |
|---|--------------------------|
| Application form | <input type="checkbox"/> |
| Nomination seconded by a Full or Fellow members of the AIOH. | <input type="checkbox"/> |
| Summary of: | |
| i. Academic and Occupational Hygiene qualifications; | <input type="checkbox"/> |
| ii. Positions held, years of experience and responsibilities; | <input type="checkbox"/> |
| iii. Publications, conference papers, etc.; | <input type="checkbox"/> |
| iv. Contributions to Occupational Hygiene nationally and internationally. | <input type="checkbox"/> |