



1. PERSONAL CONTACT DETAILS

Title Dr Prof Mr Mrs Ms Other

First Name

Family Name

Email Address

Postal Address

Suburb

Postcode

State

Country

Phone (H)

Phone (B)

Mobile

Fax

2. MEMBERSHIP OPTIONS

I would like to renew my ACNEM membership

I'd like to become a member of ACNEM

Please select from the membership options below:

Full Membership (\$220/year)

Open to doctors and dentists

Receive ACNEM Journal four times per year
10% Discount on books
Great discounts at all training course
Free entry in website Practitioner Listing if you have completed the Primary Course in NEM
Free entry in website Networking pages
Prerequisite for joining Fellowship Program
Voting rights at AGM

Associate Membership (\$220/year)

Open to other tertiary qualified health professionals

Receive ACNEM Journal four times per year
10% Discount on books
Great discounts at all training courses
Free entry in website Practitioner Listing for those who have completed the Primary Course in NEM
Free entry in website Networking pages

Friends of ACNEM (\$55/year)

Open to anyone

Receive ACNEM Journal four times per year
10% Discount on books
Free Friends of ACNEM Membership for full-time medical students until graduation.

3. PROFESSIONAL DETAILS (For Full Memberships and Associate Memberships only)

You must include a photocopy of your current registration certificate

Occupation

Specialty

Primary Course Have you previously completed the ACNEM Primary Course? YES NO

Prior Experience

Please describe your prior experience in clinical nutrition environmental medicine

Qualifications

Please enter your qualifications

Affiliations *Please indicate status, eg: Member, Fellow etc*

RACGP

AMA (Australian Medical Association)

ASOMAT (Aust. Society of Oral Med. & Toxicology)

ACOHM (Australasian College of Herbal Medicine)

OTHER - please specify

CPD/CME Points *If Claiming CPD/CME Points please provide relevant numbers below:*

RACGP

RNZCGP

ACRRM

OTHER

How did you hear about ACNEM?

Online/Distance Education Are you interested in hearing more about ACNEM'S Online Certificate, Diploma and Fellowship qualifications when available? YES NO

Medical Students Only Full-time Part-time University? _____ Year to Graduate _____

4. PAYMENT DETAILS

I have attached/mailed a cheque payable to ACNEM

Please charge my credit card below:

Card Number:

Visa Mastercard

Name on Card:

Card Expiry: