## APPLICATION FOR MEMBERSHIP

## AUSTRALASIAN JEWISH MEDICAL FEDERATION (VICTORIAN FELLOWSHIP)

1,	_, of
[name]	[address]
desire to become a member of AUST FEDERATION (Victorian Fellowshi	
In the event of my admission as a me Association for the time being in force	mber, I agree to be bound by the rules of the ee.
Signature of Applicant:	Date:
I,	_, a member of the
	AL FEDERATION (Victorian Fellowship) nally known to me, for membership of the
Signature of Proposer:	Date:
I,	_, a member of the
	CAL FEDERATION (Victorian Fellowship) nt, who is personally known to me, for
Signature of Seconder:	Date: