



Individual Member Application

Instructions

Please complete the details below and email to:

Chris Arnold AM
General Manager

Email: chris@hodgsonassoc.com.au

Eligibility

1. Fellows or trainees of the Australasian College of Dermatologists and the New Zealand Society of Dermatologists

Details

Name:

Qualifications:

Australian member New Zealand member

Name of practice:

Address of principal practice:

Email address:

Phone Number:

Mobile:

Cosmetic areas of interest (please tick all relevant areas)

Injectables Lasers Skincare

Fat reduction Scar optimisation Thread lifting

Skin tightening Acne Rosacea

Pigmentation

Other (please list):

Declaration

I, _____ declare that the information provided in this application is true and correct.

.....

(Signature)

Date of application: [Click here to enter a date.](#)

For Office use:

Date application received: [Click here to enter a date.](#)

Application approved: Yes No

Applicant notified: Yes No