

Dear Colleague,

Membership at the Skin Health Institute

Thank you for your interest in becoming a member of the Skin Health Institute. To become a member of the Institute, please complete and return the attached Membership Application form.

Categories of membership include:

- 1. Ordinary Member** – fellows of the College working in Victoria or Tasmania
- 2. Associate Member** – interstate and overseas dermatologists, and other specialist medical practitioners, who provide dermatology related services directly.

This category shall include:

- dermatologists with qualifications recognised by the College or by the country of their qualification, if that country is recognised by the College as providing an acceptable standard for registration of dermatologists; and
- Plastic Surgeons, Pathologists, Psychiatrists and Oral Mucosal specialists who can demonstrate specific practice in dermatology.

Please note that you are not required to obtain signatures for a proposer and seconder. These will be signed by two Board members once your membership has been approved by the Board.

If you have any questions regarding your Skin Health Institute membership please contact Jasmine Crouch our Marketing, Membership and Communications Officer on 9623 9400 or via email on members@skinhealthinstitute.org.au or jcrouch@skinhealthinstitute.org.au.

We look forward to welcoming you to the Skin Health Institute.

Kind regards,



David Malone
Chief Executive Officer

Membership application form

Applicant Details	
I (full name of applicant):	
Email:	
Phone Number:	
of (address):	
wish to become an	<input type="checkbox"/> Ordinary <input type="checkbox"/> Associate Member of the Skin Health Institute . (Please select one)
In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.	
Signature of applicant:	
Dated:	

This section will be completed by two Board members once approval has been received.

Proposed by	
I (full name of member):	
a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.	
Signature of proposer:	
Dated:	

Seconded by	
I (full name of member):	
a member of the Association, second the applicant, who is personally known to me, for membership of the Association.	
Signature of seconder:	
Dated:	