

# OBESITY

PREVENTION AND TREATMENT

# SOCIETY

Application Form			
Full Name (with Title)			
Profession			
Registration Number (Not required for Associate or Affiliate Membership)			
Institutional Affiliation (if any)			
Email address			
Phone Numbers	M:	P:	
	W:	F:	
Mailing Address			
	State:	Postcode:	
	Country:		
Membership Level	Member	Affiliate Member	
Applied for (please tick box)	Associate Member	Corporate Health*	
(*For these positions, unless invited, please attach your CV and any documentation that you believe supports your application.)	Lifelong Fellow*	Fellow*	
Signature ..... Date: / /			
<p style="text-align: center;">Upon completion please attach a cheque for the amount (as per the Membership table) made out to the 'Obesity Prevention And Treatment Society' and mail to:</p>	<p>Obesity Prevention And Treatment Society PO Box 582 Coorparoo QLD 4151</p>		