

HIMAA PDP NOMINATION FORM

(Fax to 02 9887 5895 or email to himaa@himaa.org.au or mail to HIMAA, Locked Bag 2045, North Ryde NSW 1670)

Personal Details

Given Name: Surname:

Contact Telephone:

Contact Fax:

Contact Email:

Contact Address:

HIMAA Membership Category: Full Member
Associate Member

HIMAA Membership Number:

Course Details

Course Provider:

Course Title:

Course Date/s:

Course Duration (days):

Course Location:

HIMAA National Office Use

Financial Member at time of application? Yes/No

Financial Member at time of course? Yes/No

Attendance Approved/Attendance Not Approved

Date: Signature:

Comments: