

# THE ASSOCIATION OF AVIATION MEDICAL EXAMINERS

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## ASSOCIATE MEMBERSHIP OF AAME: APPLICATION FORM

I wish to apply for associate membership of the Association of Aviation Medical Examiners

Title: Forename(s): Surname:

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I enclose cheque/banker's order in payment of the £75.00 annual membership fee / I have paid £75.00 using PayPal\*

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This form together with the cheque, banker's order and, if applicable, completed Standing Order Mandate, should be sent to the Membership Secretary, Dr. Eleanor Ivory, at the address above.