ABN: 34 893 890 695 ● Regn No.: A0026574D

Application for Membership

Title:			
First name:			
Surname: .			
Postal Addre	ess:		
Suburb/Tow	7n:	State:	Postcode:
Telephone:	Home:	Work:	
	Mobile:		
	Fax:		
E-mail addre	ess:		
desire to bec	ome a member of the Fellowship that I am admitted as a member	for Biblical Studies In	acorporated.
rules of th	ne Fellowship for the time g.au/membership.html).	_	•
Signature of	Applicant:		Date:
FIRST NOMIN	AATOR:		
	nominate the applicant for member	`	
Signature of	Nominator:		Date:
SECOND NOM	IINATOR:		
	second the nomination of the app	,	name), a member of the of the Fellowship.
Signature of	Nominator:		Date:

On the reverse, please fill in details of your curriculum vitae and research interests (the provision of a brief CV relevant to your membership of the Fellowship of Biblical Studies is an essential part of the application process).

Tellowship for Biblical Studies Inc. http://www.fbs.org.au

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Brief Curriculum Vitae

Institutional Affiliation:				
Current Position:				
Degrees held:				
Degree	Awarding Institution	Year		
Relevant professional experience	(teaching and research):			
Summary of major and other relevant publications:				
Current research interests:				
		•••••		
Please complete th	is form and send it to:			
Tim Raffer	ty			
40 Darwin	Avenue			

Or send a pdf file of this form to t.rafferty@sydney.edu.au.

WENTWORTH FALLS NSW 2782