

ANZAM Special Interest Group (SIG) Application Form

Name of	Proposed	I SIG:						
Objectives a relevant):	and reason	for establishment	(please	include	differentiation	ı from	existing	SIGS, if
		d sustainable inter other workshops/eve				ce at p	ast ANZ	AM pre-
Initial Memb	pership:							
Cont	act (one nar	ne please):						
Cont	act's email a	and mailing address:						
	-							

Convenors (names, roles and email addresses, if appropriate):
Initial members (names, institutions and email addresses of a minimum of 15 curren ANZAM members from at least five different institutions, including chair and any convenors):
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Certification:

I certify that the people named in this list have agreed to be members of this SIG and that I will be responsible for administration of SIG funding and reporting requirements (insert name of SIG Contact):

Is the proposed SIG affiliated with or sponsored by any other organisation/s? Yes/No

If yes, please	name the organisation/s and describe the nature of each affiliation and the
level and term	of any associated sponsorship:
	
Start-up Activities:	
ANZAM conference).	will be awarded \$500 toward a SIG start-up function (usually at the next Please state how, when and where you would like your start-up function to rapplication be successful:
	••

Thank you for your application! We will advise you of the outcome as soon as possible.