



Chapter of Community Child Health (CCCH) Membership Application

Please note: This application is for membership of the Chapter only; it does not confer Fellowship of the RACP.

Name (with title)	
RACP MIN	
Specialty	
Country	
State or Territory / Region	
Email contact	

CCH reference group affiliation (tick one or more):

Child Development and Behaviour	<input type="checkbox"/>
Child Population Health / Social Paediatrics	<input type="checkbox"/>
Child Protection	<input type="checkbox"/>
Other (please specify)	

Once completed, please return this form to Paed@racp.edu.au. There is no fee for this application.