**PENNY MCKAY MEMORIAL AWARD**

**Application Form**

***This form must be completed and included as Section 1 of your application***

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| --- | --- |
| **Family Name:** |  |
| **Given Name(s):** |  |
| **Institution which awarded your PhD and date awarded:** |  |
| **Date on which your PhD was submitted for examination:** |  |
| **Evidence of membership of ALAA *or* a State/Territory ACTA affiliate or ALTAANZ at the time of your application *(please tick and attach evidence)*** | ❒ALAA  ❒ACTA affiliate – please name: ………………………………………….  ❒ALTAANZ |
| **Thesis Title:** |  |
| **Examiners (name & institution)** | 1.  2.  3. (if applicable): |
| **Supervisor(s):** | 1.  2. (if applicable) |
| **Your Contact Details:** | **Mailing address:** …………………………………………………………………………….  **Email:** ………………………………………………………………………….  **Phone:** ………………………………………………………………………… |
| **Declaration:** | ***I declare that the information supplied above is correct and true to my best knowledge***  **Signature:** |