



## Australian and New Zealand Society of Occupational Medicine Inc. (ANZSOM)

### Membership application form

#### Instructions:

- Please complete all the fields including the name of your proposer and seconder – please ensure they have provided their signature.
- Submit your application (including payment), along with a copy of your Curriculum vitae to the ANZSOM Secretariat at the address shown below.
- Membership applications are forwarded to the relevant State branch for consideration / approval.
- Once your application has been approved, the Secretariat will send you a letter of approval and a membership payment receipt. The current membership price is \$275.00 (inc. GST) for the full year (1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012).
- For those joining after 1<sup>st</sup> October, pro-rata rates are available. Please contact the Secretariat for more information.
- **NOTE:** Corporate membership is available on request, with fees to be individually negotiated. For more information please contact the Secretariat on 1300 666 515 or email [secretariat@anzsom.org.au](mailto:secretariat@anzsom.org.au).

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title (please tick):  Dr  Prof  A/Prof  Mr  Mrs  Miss  Ms

Preferred mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish your details to be available in a public directory of occupational physicians/services (please tick)?	
<input type="checkbox"/> Yes (Please complete details as you would like them to appear in the directory. If same as above, note AS ABOVE)	<input type="checkbox"/> No
Name (Individual and/or business name): _____	
Address: _____ _____	
Phone: _____	Fax: _____
Email: _____	Website: _____

Professional background:  Occupational Physician  GP  Nurse  Other \_\_\_\_\_  
(Please tick one)

Nominator: Name \_\_\_\_\_ Signature \_\_\_\_\_

Seconder: Name \_\_\_\_\_ Signature \_\_\_\_\_

#### Privacy policy

ANZSOM complies with national privacy legislation, *The Privacy Act 1988*. All personal information supplied to ANZSOM will be treated in accordance with the National Privacy Principles. By completing and signing this application form, you give consent to ANZSOM to supply personal information as necessary to process your application to join ANZSOM.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Membership payment

Annual subscription (1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012)

\$275.00 (inc. GST)

## Methods of payment

**Cheque** – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121

**Credit card\*** – complete details below and post or fax to (03) 9428 4872

\* Please note: a 2% surcharge applies on all credit card payments.

## Credit card payments

Visa       Mastercard       Amex

Card no: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_