The Australian and New Zealand Society of Occupational Medicine (ANZSOM) provides opportunities for networking and the exchange of information and ideas on work-related health matters, thus supporting those who practice or have an interest in this important field. ANZSOM also seeks to advance the knowledge, practice and standing of occupational health more generally.

Members of ANZSOM include medical practitioners and nurses working in, or with an interest in occupational health. Other health professionals with an interest in occupational health may also apply for Associate membership. ANZSOM members may benefit from:

- involvement in meetings and educational activities that provide forums for professional discussion, including the Annual Scientific Meeting and state branch meetings
- access to online learning resources
- receiving information on matters affecting occupational health through various communication channels

ANZSOM also liaises with related organisations and professional groups concerned with occupational health, thus supporting the interests of its members.
New membership package

This membership initiative aims to support access to ANZSOM benefits and services for AFOEM Trainees. This membership package enables a 20% discount for membership of AFOEM Trainees to ANZSOM, thus providing a valuable avenue to professional development and interaction.

AFOEM Trainees who become members receive a discounted membership subscription with access to all usual benefits, including:

- Access to ANZSOM online learning resources
- Access to member only sections of website
- Discounts to ANZSOM events such as the Annual Scientific Meeting, State branch meetings, etc
- Electronic communications from the Society including quarterly e-newsletters and regular email updates

Applying for ANZSOM Membership

To apply for ANZSOM membership:

1. Complete the Membership Application Form (overleaf), including obtaining signatures of your nominator and seconder. Nominators must be current ANZSOM members, however if do not know any members, your nomination can be addressed at General Council.

2. Submit your application (including payment), along with a copy of your Curriculum Vitae to the ANZSOM Secretariat at the address shown below.

3. Membership applications are forwarded to the relevant State branch for consideration / approval.

4. Once your application has been approved, the Secretariat will send you a letter of approval and membership certificate. A payment receipt will also be issued.

5. The discounted membership price for AFOEM trainees is $280.00 (inc. GST) for the full year (1st April 2017 to 31st March 2018).

6. For those joining after 1st October, pro-rata rates are available. Please contact the Secretariat for more information.

Please send all completed paperwork to the ANZSOM Secretariat:

Post: PO Box 7032
      Richmond VIC 3121

Fax: (03) 9428 4872

Email: secretariat@anzsom.org.au

For further information or enquiries, please contact the ANZSOM Secretariat on:

Ph: 1300 666 515
Email: secretariat@anzsom.org.au
Membership Application Form

Applicant details

First name: ____________________________ Surname: ____________________________

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

Preferred mailing address: ______________________________________________________

Preferred phone: ____________________________ Email: ____________________________

Expected / estimated date of qualifying as Occupational Physician: __________________

Areas of practice and expertise

Areas of practice (tick as many as applicable)

○ Fitness for work assessment
○ Pre placement health assessments
○ Injury management/ workplace rehabilitation
○ Employee assistance program
○ Workers compensation
○ Independent medical examination/ medico-legal
○ Travel health / Q fever immunisation
○ Musculoskeletal health / ergonomics
○ Environmental health / safety management systems / risk assessments
○ Biological monitoring / chemical exposure
○ Alcohol and other drugs / medical review officer
○ Health promotion / wellness programs
○ First aid

Industry expertise (tick as many as applicable)

○ Aviation
○ Transport other
○ Underwater diving
○ Oil, gas and mining
○ Other (please specify):

Public directory

Do you wish your details to be available in a public directory of occupational doctors / occupational health nurse?

○ Yes ○ No

Name (Individual and/or business name): ____________________________

Business Address: _________________________________________________

Phone: ____________________________ Email: ____________________________

Fax: ____________________________ Web: ____________________________

Languages spoken: _________________________________________________

(Other than English)
Are you a current financial ANZSOM member?  □ Yes  □ No
(If you are unsure, please contact the ANZSOM Secretariat on 1300 666 515 or email secretariat@anzsom.org.au)

If you are not a current financial ANZSOM member:
□ Attach a copy of your Curriculum Vitae
□ Obtain a nominator and seconder signature from a current ANZSOM member.

Nomination

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 declaration
I declare that I hold a qualification entitling me to be registered as a medical practitioner / nurse in a State or Territory of Australia, and/or am engaged/interested in the practice of Occupational Medicine. I hereby apply to be elected a member of the Australian & New Zealand Society of Occupational Medicine and if elected I agree to abide by the Rules of the Society.

Applicant’s signature: ___________________________  Date: ___________________________

Methods of payment

Amount payable: $280.00 (inc GST)
□ EFT – BSB: 013-423 Acc. # 3541-94404 and quote your name as a reference:
□ Cheque – make payable to ANZSOM
□ Credit card – complete details below

Credit card payments
□ Visa  □ Mastercard  □ Amex
Card no. ___________________________  Expiry: _____ / _____
Name on card: ___________________________  CCV: __________
Signature: ___________________________