



## Form A | New Corporate Group Application Form

(to be completed by organisation representative)

### 1. Organisation details

Organisation name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of organisation representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Number of employees to be covered in the Corporate Group Membership: \_\_\_\_\_

Would you like to include your employees' profiles (e.g. name, occupation, organisation contacts) on ANZSOM's public directory?  Yes  No

### 2. List of Employees

Please list your employees below, including the type of membership, name and qualification

Full names of employees	Member type (tick)		Qualification
	Full	Associate	
1.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
2.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
3.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
4.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
5.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
6.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
7.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
8.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
9.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
10.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
11.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:
12.			<input type="checkbox"/> Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other:

Attach list if insufficient space above. Attach individual applications for abovementioned employees

### 3. Terms and Conditions

- The membership period is from the **1st April 2019 – 31st March 2020**.
- Membership is for individuals listed on this form only and is not transferable.
- If an individual leaves the organisation, a membership refund for the remainder of the year will not be granted. However the individual and/or organisation contact may request to have the individuals' contact details updated to allow further communication.
- Members must be financial by **30th June 2019** to be eligible for the member discount for the Annual Scientific Meeting in 2019.

By completing and signing this application form, you accept the terms and conditions described above.

Representative name: \_\_\_\_\_

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

Date: \_\_\_\_\_