



## 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 2020 – 31st March 2021**.
- 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.

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

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

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

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