

ANZSOM Member Renewal Form 2019

Thank you for being part of ANZSOM in 2018. Please note the following instructions / important notes

- Your membership subscription for 2019 is due to be paid by 1st April 2019
- Members **must be financial by 30th June 2019** to be eligible for the member discount for the Annual Scientific Meeting in 2019
- For Full, Associate, or AFOEM Trainees choosing not to renew this year, a \$50 administrative fee applies on top of membership fees to reinstate your membership in the following year.
- Corporate Group members If you are a member as part of a Corporate Group arrangement supported by your employer, your membership renewal will be arranged through your employer. Please contact your Corporate representative for more information
- If you have retired from practice but would like to continue receiving member benefits, please contact the Secretariat to renew as a retired (non-practising) member
- Please complete all required fields (*) and submit your renewal to the Secretariat including payment
- Prices are in AUD and include GST

1. Your details	
Title (tick one): Dr Prof A/Prof Mr Mrs Miss Ms Other:	
First name:* Surname:*	A new initiative this year is to identify and award long-
Organisation:	standing members. But we
Mailing address:*	need your help because we do not have complete
Email:*Contact number:*	records before 2012.
Professional background (Tick one):*	If you joined as a member before 2012, please indicate
☐ Occupational Physician ☐ General Practitioner ☐ Trainee / Registrar	the year you joined:
Occupational Health Nurse Nurse (Other) Other:	
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2. Areas of practice & expertise (you can also update this on the website under Membership > N	1y Profile)
Areas of practice (tick as many as applicable): Fitness for work assessment	ty management systems / mical exposure nedical review officer
Aviation Transport other Underwater diving Oil, gas and mining Other (please specify) Leagueses and/or (other than English)	

Member Renewal Form 2019 (continued)

3. Public Directory (you can also update this on the website under Membership > My Profile)				
Do you wish your details to be available in a public directory of occupational doctors / occupational health nurses?*				
Yes (if yes, please complete fields below)				
Contact name:	Contact name: Business Name:			
Business address:				
Business phoneBusiness fax:				
usiness email: Business website:				
4. Membership category and payment period*				
Full membership	Associate membership	Full n	nembership	
1 year \$360	☐ 1 year \$320	(AFO	EM Trainee)	
2 Years \$660	2 Years \$590	_		
3 Years \$960	3 Years \$840		. year \$288	
Open to health professionals engaged in or interested in occupational medicine and with a qualification entitling them to be registered as a	Open to those engaged in or interested in the occupational health and medicine but <i>do not</i> have qualifications as a registered medical or nursing	Eligible for those un	ee payment options. dergoing specialty Training in d Environmental Medicine.	
medical or nursing practitioner.	practitioner.	Occupational and		
your membership renewal will be arranged through your employer. Please contact your Corporate representative for more information • Retired (non-practising members) – If you have recently retired from practice but would like to continue receiving member benefits, please contact the Secretariat to renew at the Retired Member rate Have you let your membership lapse (i.e. not a financial member in 2018)? We understand that this may happen for a variety of reasons. Don't worry, you don't have to reapply, but we do require an additional fee of \$50 to reinstate your membership, including providing you with a website login. Please tick and sign below to acknowledge that this additional fee will be charged to your credit card if you have not been a financial member for 12 months or more.				
Reinstate my ANZSOM member	Snip (additional \$50) Sig	gnature:		
5. Payment*				
Amount payable:				
Credit card - complete details below a	and fax to (03) 9428 4872 or email to secre	etariat@anzsom.org	.au	
Card type:	Mastercard	Amex		
Card number:	CVV	:	Expiry: /	
Name on card:	·		<u> </u>	
Signature:				
Direct transfer – BSB 013 423 Account No: 3541 94404 (please quote your name)				
Cheque – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121				
Privacy policy: ANZSOM complies with national privacy legislation, The Privacy Amendment (Enhancing Privacy Protection) Act 2012. All personal information supplied to ANZSOM will be treated in accordance with the National Privacy Principles. By completing this form, you give consent to ANZSOM to supply personal information as necessary to process your membership renewal.				

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