

**ANZSOM**The Australian and New Zealand Society  
of Occupational Medicine Inc**RENEWAL OF LAPSED MEMBERSHIP (2018)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Member type – please select***(All costs include GST and \$50 rejoining fee)*☐ **Full membership:** \$410☐ **Associate membership:** \$370☐ **AFOEM Trainee membership:** \$338**Methods of payment:****Cheque** – post to:  
PO Box 7032  
Richmond VIC 3121**Credit card** – complete  
details below and fax to:  
(03) 9428 4872**Online** – log in to the  
ANZSOM website >  
My ANZSOM >  
Renew membership**EFT** – BSB: 013-423  
Acc. # 3541-94404  
Quote your name as  
the Reference**Monthly Direct Debit** –  
contact Secretariat to  
arrange:  
1300 666 515**Credit card payments:**☐ Visa ☐ Mastercard ☐ AMEX

Amount (see above re: Member type): \_\_\_\_\_

Card no. \_\_\_\_\_

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

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

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

**Auto-renewal (optional):**☐ Please tick if you wish to opt in for membership payments to be processed by the Secretariat on an automatic annual basis (refer link below for Terms and Conditions)

Please retain a copy of this tax invoice as your receipt for taxation purposes. An email will be sent to you to confirm payment has been made.

Name (Individual and/or business name): \_\_\_\_\_  
\_\_\_\_\_Business Address: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Web: \_\_\_\_\_

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Languages spoken (other than English): \_\_\_\_\_

**Industry expertise**

- ☐
- Aviation
- 
- ☐
- Transport other
- 
- ☐
- Underwater diving
- 
- ☐
- Oil, gas and mining
- 
- ☐
- Other (please specify): \_\_\_\_\_

**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

**Public directory**Do you wish your details to be available in a public directory of  
occupational doctors / occupational health nurse?☐ Yes ☐ No**Updating your contact details** – Please take a minute to review your contact details as shown at the top of the page and provide changes below. Alternatively you may log on to the ANZSOM website and update your details.Address: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_

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

**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.For **Auto renewal Terms and Conditions** see [www.anzsom.org.au/membership/auto-renewal-terms-and-conditions](http://www.anzsom.org.au/membership/auto-renewal-terms-and-conditions).ANZSOM Federal Secretariat  
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Richmond VIC 3121  
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