



Membership Application (Ordinary/Associate)

APPLICANT DETAILS: *(Please complete in BLOCK letters)*

Title *(please tick)*: Mr Mrs Ms
 Dr Professor Associate Professor

SURNAME: _____ Given Names: _____

Work Address: Department: _____
Institution / Company: _____
Address: _____
Suburb: _____
State / Postcode: _____
Country: _____

Mailing Address: Department: _____
(if different from above) Institution: _____
Address: _____
Suburb: _____
State / Postcode: _____
Country: _____

Contact: Email: _____ Ph (work): _____
Ph (other): _____ Fax: _____ Mobile: _____

CURRENT EMPLOYMENT DETAILS:

Position: _____ Date Commenced: _____

Full time Part time (Hours FTE)

Past employment in Resp. Science: _____

Please indicate the duties you perform: *(tick as many as apply)*

Spirometry Volumes by plethysmography Volumes by dilution Diffusing Capacity
 6MWT Cardiopulmonary Ex tests Provocation tests Research

Other: _____

QUALIFICATIONS: *(a certified copy of certificate must be attached)*

Degree: _____

P'grad Degree / Diploma: _____

SPECIAL INTERESTS:

Please indicate any areas of special interest/expertise: *(tick as many as apply)*

Instrumentation Methodology Physiology Education Computing Administration

Other: _____

Are you interested in collaborative research ? Yes No

Would you be interested in having a senior member act as a mentor ? Yes No

Would you be interested in acting as a mentor ? Yes No

PROPOSER:

Prospective members must be proposed by a financial Ordinary member of the Society (contact the ANZSRS Secretariat in case of difficulties).

I hereby propose that _____ be admitted as an *(please select one)*
 Ordinary Associate Member of the Australian and New Zealand Society of Respiratory Science Ltd.

Proposer's Name: _____ Proposer's Signature: _____

Proposer's member #: _____ Date: _____

APPLICANT DECLARATIONS:

Members Liability

I acknowledge that as a member of the ANZSRS Ltd I am liable under Clause 1 of the Constitution to contribute the sum of \$100.00 to the assets of the Company if it is wound up whilst I am a member or within one year afterwards.

Deceleration of Solvency

I declare that I am solvent and that should I be declared insolvent I will inform the ANZSRS Ltd and further acknowledge that I will no longer be eligible to be a member of ANZSRS Ltd.

Are you a financial member of TSANZ ? Yes No
(TSANZ members may be eligible for a 25% discount on ANZSRS fees) TSANZ mem # _____

I hereby certify that the information in this application is true and correct.

Applicant Signature: _____ Date: _____

The Privacy Amendment (Private sector) Act 2001

The ANZSRS Ltd complies with national privacy legislation, The Privacy Amendment (Private sector) Act 2001. Personal information about Members, as defined by the legislation, may only be provided if the person has authorised the ANZSRS to provide it for a purpose covered by the authority given. All personal information, as defined by the privacy legislation, supplied to the ANZSRS will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles. By completing and signing this form you give the ANZSRS consent to supply personal information as necessary to process your application to join the ANZSRS, supply the personal information (name, preferred mailing address and contact phone, fax and email) to third parties who seek to promote scientific meetings and/or disseminate information deemed by the Board to be of interest to members. The ANZSRS has a policy to publish **work contact details only** of members in the secure Members Only area of the Society's Web-site Membership Directory, unless otherwise instructed.

If you **do not wish** to have your work contact details published in the Membership directory please complete and sign below:

I **do not** authorise the ANZSRS to publish my work contact details in the Society's Web-site Membership Directory.

Signature: _____ Date: _____

SUBMITTING APPLICATION:

The completed **application form**, your **resume**, a **certified* copy of qualifications** and any supporting information regarding your eligibility for membership of the Society should be forwarded by post, fax or email to the ANZSRS Secretariat (details below). Information supplied on this application and the accompanying documentation is necessary to process your application. **Failure to provide the requested information will result in delays.** Please do **NOT** send in any payment with the application. Once your application has been received, you will receive an invoice for the non-refundable \$45(+GST) application fee. Once the application fee is paid, your application will be considered. If approved, you will receive an invoice for the applicable membership fees.

ANZSRS Secretariat
(Association Executive Services)
PO Box 1346
Mitcham North, Victoria 3132
AUSTRALIA

Email: info@anzsrs.org.au

Telephone: +61 3 9842 6372

OFFICE USE ONLY

Application received:	_____	Application considered by Board	_____
Application:	ACCEPTED / DECLINED	Applicant advised of outcome:	_____
Membership database & FCC updated:	_____		
Webmaster advised:	_____	Fees Paid:	_____

*Copies of qualifications may be certified by persons able to certify copies under your local legislation or the Senior/Head Scientist of a Laboratory if they are a current financial member of ANZSRS. They should write "original sighted and certified as a true copy of original" and sign, date and include their name (and membership number for senior/head scientists).