



2008 APPLICATION FORM FOR NEW MEMBERS

Part 1

Australian & New Zealand Head and Neck Society, Inc
PO Box 329
St Leonards NSW 1590
AUSTRALIA

ABN: 51 056 424 184
Tel: +61 2 9902 8144
Fax: +61 2 9438 3760
www.anzhns.org

Surname:		First name:	
Specialty:		Qualifications:	
Institution:			
Address:			
	State/Territory:		Post:
Phone:			
Fax:			
e-mail:			

Home Address:

Special Interests:
(work related)

Joining Fees: (includes one year's subscription - \$100 full, \$25 associate)

- | | New Zealand | Australia |
|--|--------------------|-------------------|
| <input type="checkbox"/> Full members: | NZ\$200 | A\$220 (GST incl) |
| <input type="checkbox"/> Assoc members (nursing or allied health practitioner) | NZ\$50 | A\$55 (GST incl) |

Method of Payment: (New Zealand applicants must pay via credit card only)

- Cheque, payable to ANZ Head and Neck Society
- VISA Mastercard Diners Club

Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expires:	<input type="text"/>
Name on Card:	<input type="text"/>				Sign:	<input type="text"/>

Comments? _____

Please enclose a recent copy of your curriculum vitae with your application form.

Post completed form & CV to ANZHNS, PO Box 329 St Leonards 1590, or fax to +61 2 9438 3760

APPLICATION FOR MEMBERSHIP
Part 2 – NOMINATION FORM
(Ordinary or Associate)

Australian & New Zealand Head and Neck Society, Incorporated

(the
“Society”)

(incorporated under the Associations Incorporation Act 1984)

I, _____
(Full name of applicant)

of _____
(address)

(occupation)

Hereby apply to become

ORDINARY MEMBER

ASSOCIATE MEMBER

In the event of my admission as a member, I agree to be bound by the rules of the Society for the time being in force.

Signature of applicant

Date

I, _____
(Full name) an Ordinary Member of the Society,

nominate the applicant, who is personally known to me, for membership of the Society.

Signature of proposer

Date

I, _____
(Full name) an Ordinary Member of the Society,

second the nomination of the applicant, who is personally known to me, for membership of the Society.

Signature of seconder

Date

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