



# 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)

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

**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? \_\_\_\_\_

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**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

