



## Application for Membership

### **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 Institution: \_\_\_\_\_  
above) 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 Hon. Secretary in case of difficulties).

I hereby propose that \_\_\_\_\_ be admitted as an (*please select one*)

Ordinary     Associate     Affiliate     Sustaining    Member of the Australian and New Zealand Society of Respiratory Science Inc.

Proposer's Name: \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_

Proposer's mem #: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT DECLARATION:**

Are you a financial member of TSANZ ?  Yes     No  
(*TSANZ members are 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 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 Executive 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 or fax to the Hon. Secretary (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 the application has been approved you will receive an invoice which is payable to the Treasurer.

ANZSRS Secretariat  
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AUSTRALIA  
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**OFFICE USE ONLY**

Application received: \_\_\_\_\_ Application considered by Exec \_\_\_\_\_  
Application: \_\_\_\_\_ ACCEPTED / DECLINED \_\_\_\_\_ Applicant advised of outcome: \_\_\_\_\_  
Membership database & FCC updated: \_\_\_\_\_  
Publication Editor advised: \_\_\_\_\_ Fees Paid: \_\_\_\_\_