



AUSTRALIAN & NEW ZEALAND SOCIETY OF RESPIRATORY SCIENCE INC.

(www.anzsrs.org.au)

Leading Respiratory Science in Australasia through the 21st Century

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 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 / REFEREE:

Prospective members must be proposed by a financial Ordinary member of the Society (contact the Hon. Secretary in case of difficulties, who may act as a Referee).

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 Member#: _____ 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.

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Email: anzsrs@fcconventions.com.au

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: _____