



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

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 approved you will receive an invoice for the applicable membership fee plus a \$25 application fee, payable to ANZSRS Ltd.

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OFFICE USE ONLY

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