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anzsrs

Australian and New Zealand Society of Respiratory Science Ltd
Leading Respiratory Science in Australasia through the 21st Century
ACN 147 665 763

Application for Sustaining Membership

Please complete in BLOCK letters

Contact Details

Company Name	
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Contact Person Details

Title		First Name		Surname	
Position					
Work Address					
Suburb				State	
Post Code				Country	
Telephone			Mobile		
Email			Facsimile		

Mailing Address (if different from above)

Address					
Suburb				State	
Post Code				Country	
Telephone			Mobile		
Email			Facsimile		

Applicant Declaration

I hereby certify that the information in this application is true and correct.

Applicant Signature _____ **Date** _____

Proposer

Prospective members must be proposed by an Ordinary member of the Society (contact the Society Secretary in case of difficulties).

I hereby propose that the company _____

represented by _____

be admitted as a Sustaining Member of the Australian and New Zealand Society of Respiratory Science Ltd.

Proposer's Name _____ **Proposer's Signature** _____

Proposer's membership number _____ **Date** _____

APPLICANT DECLARATIONS:

Members Liability

I acknowledge that as a member of the ANZSRS Ltd I am liable under Clause 1 of the Constitution to contribute the sum of AUD\$100.00 to the assets of the Company if it is wound up whilst I am a member or within one year afterwards.

Deceleration of Solvency

I declare that both I and the Company I represent are solvent and that should either myself or the Company be declared insolvent I will inform the ANZSRS Ltd and further acknowledge that I will no longer be eligible to be a member of ANZSRS Ltd.

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 Ltd 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.

Personal information provided on this form WILL be made available to other members to promote the aims of the Society. Personal information WILL NOT be given to third parties.

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:

The completed application form and any supporting information regarding your eligibility for membership of the Society, eg relevant publications, should be forwarded by post or fax to the Secretary. 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 c/- Festival City Conventions Pty Ltd PO Box 949 KENT TOWN SA 5071 AUSTRALIA	Phone: Phone (A/H): Fax: +61 (8) 8363 1604 Email: anzsrs@fcconventions.com.au
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OFFICE USE ONLY

Application received: _____ by _____

Application considered at Exec meeting of: _____ Application accepted / declined

Applicant advised of outcome on _____ by _____

Membership database updated on _____ by _____

Web-site coordinator advised on _____ by _____ Fees Paid on _____ Rec. # _____