



# anzsrs

Australian and New Zealand Society of Respiratory Science Ltd  
Leading Respiratory Science in Australasia through the 21<sup>st</sup> Century

[www.anzsrs.org.au](http://www.anzsrs.org.au)

ACN 147 665 763

## Membership Fees Payment Form

Please return this form with your cheque or postal order to:

<b>Australia and Overseas:</b>  ANZSRS Secretariat c/- Festival City Conventions PO Box 949 KENT TOWN SA 5071 AUSTRALIA  Email: <a href="mailto:anzsrs@fcconventions.com.au">anzsrs@fcconventions.com.au</a> DDI: 61 (8) c8363 1307 Fax: 61 (8) 8363 1604	<b>Credit Card Payment:</b>  VISA or MASTERCARD only  CARD NUMBER:  EXPIRY DATE:  AMOUNT:  Name on Card:  Signature:
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**In order to allow effective communication with the Society please ensure that you advise the Secretariat of any change in your preferred contact details. Please confirm or amend your details accordingly. Please ensure you provide a current email address.**

	Current Details	Amended Details
<b>Name</b>		
<b>Membership number</b>		
<b>Address</b>		
<b>Institution/Laboratory (if not the same as mailing address)</b>		
<b>Telephone</b>		
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<b>Mobile</b>		
<b>Email</b>		
<b>Membership Type</b>		

## ANZSRS Membership Directory

In accordance with the Privacy Amendment (Private Sector) Act 2001 ANZSRS has a policy to publish work contact details only of members in the secure Members Only area of the Society website Membership Directory, unless otherwise instructed. Access to the Directory is only available to current financial members.

If you **do not wish** to have your work contact details published in the Membership Directory please complete the following:

I \_\_\_\_\_ **do not** authorise the ANZSRS to publish my work contact details in the Society website Membership Directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Tendered: \$ \_\_\_\_\_

### Office use only

Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Initials \_\_\_\_\_