

anzsrs

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

Application for Sustaining Membership

Please complete in BLOCK letters

Contact Details		
Company Name:		
Contact Person Details		
Title: First Name:	MI: _	Surname:
Position:		
Work Address:		Suburb:
State:	Post Code:	Country:
Telephone: ()	Facsimile: ()	Mobile:
E-mail:		
Mailing Address (if different	t from above)	
Address:	·	Suburb:
State:	Post Code:	Country:
Telephone: ()	Facsimile: ()	Mobile:
E-mail:		
Applicant Declaration		
I hereby certify that the inform	mation in this application is true	and correct.
Applicant Signature:		Date:
<u>Proposer</u>		
Prospective members must be difficulties).	e proposed by an Ordinary memb	per of the Society (contact the Society Secretary in case of
I herby propose that the comp	oany	represented by
be admitted as a Sustaining M	Iember of the Australian and Nev	w Zealand Society of Respiratory Science Inc.
Proposer's Name:		Proposer's Signature:
Proposer's membership numb	oer:	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 the following section: _____ 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, your curriculum vitae 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: +61 (8) 8363 1307 Phone (A/H): 0414 828 731 Fax: +61 (8) 8363 1604 Email: anzsrs@fcconventions.com.au 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. # _____