



Australian and New Zealand Society for Geriatric Medicine Inc.

145 Macquarie St Sydney NSW 2000 Australia
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 Email: admin@anzsgm.org
 Website: <http://www.anzsgm.org>

MEMBERSHIP APPLICATION FORM

SURNAME: GIVEN NAME(S):
 Please print clearly

TITLE: (please tick) Dr Prof. Assoc. Prof. SEX: Male: Female: DATE OF BIRTH:/...../.....

TRAINEES – State Year of training: MEDICAL BOARD REGISTRATION NUMBER:.....

ADDRESS FOR CORRESPONDENCE: Home: Work:

STATE: POSTCODE: COUNTRY:

PHONE:..... FAX: EMAIL:

PRESENT EMPLOYMENT / POSITION(S):

QUALIFICATIONS: (Include Degrees, Diplomas; Part I FRACP and College Affiliations)

Qualification	Year Awarded	Awarding Institution
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.....
.....
.....
.....

TYPE OF MEMBERSHIP REQUESTED: FULL TRAINEE OVERSEAS ASSOCIATE

PROPOSED BY: NAME: SIGNATURE:.....
 Proposer must be a Full Member of the Society

MEMBERSHIP CATEGORIES:

FULL MEMBERSHIP: Medical practitioners who are committed to clinical practice, research, education and administration in geriatric medicine and closely allied disciplines. The requirements for full membership shall be prescribed by the Council from time to time as it sees fit.

TRAINEE MEMBERSHIP: Individuals who are medical practitioners currently registered in a training program in geriatric medicine and related disciplines.

OVERSEAS MEMBERSHIP: Individuals who are registered medical practitioners primarily resident in places other than Australia and New Zealand who demonstrate a commitment to clinical practice, research, education and administration in geriatric medicine and closely allied disciplines.

ASSOCIATE MEMBERSHIP: Associate Membership status will be offered to applicants for membership who are general practitioners with an interest in geriatric medicine.

I acknowledge that upon my admission to membership of the Society, I will be bound by the Rules of the Society as in force from time to time.

SIGNATURE OF APPLICANT: DATE:/...../.....

Membership applications can take several months to process due to meeting timetabling. Privileges of membership will not be available until the application is approved and subscriptions are paid.

This application should be forwarded to The Honorary Secretary at the following address:

The Secretary, Australian and New Zealand Society for Geriatric Medicine Inc. 145 Macquarie Street, Sydney NSW 2000 Australia

DO NOT ENCLOSE PAYMENT WITH THIS APPLICATION