



Australian and New Zealand Society for Geriatric Medicine Inc.
 145 Macquarie St Sydney NSW 2000 Australia
 Phone: (61-2) 9256 5460 Fax: (61-2) 9241 3458
 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:/...../.....

AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY REGISTRATION NUMBER:.....

TRAINEES – State Year of training: ..

ADDRESS FOR CORRESPONDENCE: Home / Work (Please circle):

STATE: POSTCODE: COUNTRY:.....

PHONE:..... FAX: E-MAIL:

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 .

MEMBERSHIP CATEGORIES:

- FULL MEMBERSHIP:** Medical practitioners who are committed to clinical practice, research, education and administration in geriatric medicine and closely allied disciplines. This will include Medical Practitioners who are recognised within Geriatrics (especially in NZ) as Senior Medical Officers (other titles include Career Medical Officers). The requirements for full membership shall be prescribed by the Council from time to time as it sees fit.
- TRAINEE MEMBERSHIP:** Medical practitioners currently registered in a training program in geriatric medicine and related disciplines.
- OVERSEAS MEMBERSHIP:** 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:** General practitioners with an interest in geriatric medicine.

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

I seek Membership of the Society, in the category indicated above. I acknowledge that upon my admission to Membership, 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