



MEMBERSHIP APPLICATION FORM

Date / /

PERSONAL

Title:

Surname:

First name(s):

Date of birth:

CONTACT

Business address:

Preferred mailing address:

Email:

Telephone

Business:

Pager:

Mobile:

Other:

Facsimile:

QUALIFICATIONS

Degrees:

Diplomas / other awards:

CURRENT POSITION - Current hospital appointments

Public [VMO / staff / academic]:

Private:

INTERESTS

Areas of significant interest *(please tick as many as appropriate)*

- General HPB
- Complex liver
- Complex pancreas
- Complex biliary
- Research (clinical)
- Research (scientific)

MEMBERSHIP CATEGORY APPLIED FOR *(please tick)*

Full member

- Medical practitioners with a significant interest in HPB surgery practice
Hold FRACS or equivalent [please give details]:
-

Associate member

- Trainee
- Retired HPB surgeon
- Other health professional working in the area of HPB practice

DECLARATION

Applicant's signature: _____

Date: _____

Nominated by *(must be an ANZHPBA full member):*

Nominees Name: _____ Phone number: _____

Nominees Signature _____ Date _____

Email Address: _____ Phone number: _____

Nominated by *(must be an ANZHPBA full member):*

Nominees Name: _____ Phone number: _____

Nominees Signature _____ Date _____

Email Address: _____ Phone number: _____

FEES AND SUBSCRIPTIONS

Fees and subscriptions are set by the ANZHPBA Board. GST is payable on all fees.

Founding member annual subscription	\$AUD300 (inc. GST)
Founding associate member annual subscription	\$AUD150 (inc. GST)

Subscriptions cover the calendar year (1 Jan to 31 Dec). A renewal notice will be sent to members in June each year, and members whose subscriptions remain outstanding at 31 May will cease to receive membership benefits until all outstanding fees have been received.

Note: members of ANZHPBA who are also members of AANZGOSA are entitled to a discounted **combined annual membership** fee of \$500 (including GST) for both Associations (\$250 for Associate members). If you are already a member of AANZGOSA please indicate below. An adjusted fee will be calculated and invoiced.

I am also a member of AANZGOSA

PROCESSING OF YOUR APPLICATION

Applications are assessed by the Membership sub-committee of the ANZHPBA. These meetings usually take place once every two months approximately.

Please return your completed application form to **ANZHPBA Secretariat**

A 24 King William Street,
Kent Town SA 5067
T +61 8 8219 0900
E info@anzhpba.com

PAYMENT OPTIONS

An Invoice will be issued once your application has been ratified by the board.

Please wait until then to forward payment. Payment options will include credit card / direct deposit.
