



## MEMBERSHIP APPLICATION FORM

### 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):*

Nominee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Nominee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

## FEES AND SUBSCRIPTIONS

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

<b>Member annual subscription</b>	\$AUD300 (inc. GST)
<b>Associate member annual subscription</b>	\$AUD150 (inc. GST)

Subscriptions cover the financial year (1 Jan to 31 Dec). A renewal notice will be sent to members in December each year, and members whose subscriptions remain outstanding at 30 June will cease to receive membership benefits until all outstanding fees have been received.

Note: members of ANZHPBA who are also members of ANZGOSA 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 ANZGOSA, please indicate below. An adjusted fee will be calculated and invoiced.

I am also a member of ANZGOSA

## PAYMENT OPTIONS

Cheque (please enclose a cheque made out to the Australian and New Zealand Hepatic, Pancreatic and Biliary Association Inc).

Please debit my [Mastercard / Visa]

Card number:            /            /            /            Expiry Date: \_\_\_\_\_

For the sum of \$AUD: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## PROCESSING OF YOUR APPLICATION

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

Please return your completed application form to the ANZHPBA Secretariat:

PO Box 374  
Belair SA 5052  
t +61 8 8278 1249  
f +61 8 8125 6670  
e [anzhpba@gmail.com](mailto:anzhpba@gmail.com)  
w [www.anzhpba.com](http://www.anzhpba.com)