

AUSTRALIAN AND NEW ZEALAND SOCIETY OF NEPHROLOGY

145 Macquarie Street Sydney NSW 2000 AUSTRALIA
Tel 61 2 9256 5461 Fax 61 2 9241 4083 Email anzsn@racp.edu.au



APPLICATION FOR MEMBERSHIP

Surname: _____

Given Names: _____

Preferred Title: _____ Date of Birth: _____

Preferred Contact Address for notices and for inclusion on the password protected area of the website:

Phone Number (Wk): _____ Fax Number (Wk): _____

Phone Number (Home): _____ Mobile Number: _____

Email Address: _____

University and/or Hospital Appointments: _____

Qualifications (Degrees/Diplomas etc): _____

Special Interests in Relation to Renal Disease: _____

Membership of other Colleges or Societies e.g. Royal Australasian College of Physicians, Transplantation Society of Australia and New Zealand, Royal Australasian College of Surgeons etc:

ANZSN Privacy Policy

The Australian and New Zealand Society of Nephrology (ANZSN) complies with the new national privacy legislation, *The Privacy Amendment (Private Sector) Act 2001* effective 21 December 2001.

Personal information is collected on membership application forms and is updated on subscription renewal forms. The ANZSN will only disclose preferred contact details, including mailing address, phone, fax and email address to other members of the ANZSN, current sponsors of the ANZSN and other third parties deemed appropriate by the ANZSN for purposes related to providing education, training and continued medical education and professional development.

Personal information, as defined by the legislation, about Members may only be provided if the person has authorised the ANZSN to provide it for a purpose covered by the authority given. All personal information will be treated in accordance with the National Privacy Principles and only shared with third parties in accordance with those principles.

By completing and signing this form you give the ANZSN consent for your preferred contact details to be available on the password protected area of the web, and for the ANZSN to supply personal information as necessary to process your application to join the ANZSN and to supply the personal information as outlined above.

I agree to abide by the Articles of Association and By-Laws of the Australian and New Zealand Society of Nephrology, and to pay my annual subscription so long as I remain a member.

Date of Application: _____ Signature: _____

Name of Proposer: _____ Signature: _____
Must be current financial member

Name of Seconder: _____ Signature: _____
Must be current financial member

Please return your completed application form to:

Honorary Executive Officer
Australian and New Zealand Society of Nephrology
145 Macquarie Street
SYDNEY NSW 2000
AUSTRALIA
Fax: +61 2 9241 4083

Your application will be considered at the next meeting of the ANZSN Council