

# 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@nephrology.edu.au



## APPLICATION FOR MEMBERSHIP

Title: \_\_\_\_\_ Gender:  Male  Female Date of Birth: / /

Given Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Membership:  Ordinary  Affiliate  Other: \_\_\_\_\_

**Postal Address:** (please specify your preferred address for receiving written notices which could be shown within the Members protected area section on the website – please print clearly)

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**Email Address:** (please specify your preferred email address for receiving electronic notifications which could be shown within the Members protected area section on the website – please print clearly)

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\*Please include country and area code

**Home Phone** **Work Phone** **Fax or Pager details (if applicable)**  
( + ) \_\_\_\_\_ ( + ) \_\_\_\_\_ ( + ) \_\_\_\_\_

**Mobile No:** ( ) \_\_\_\_\_ **Employment Post Code:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Nephrologist  Scientist  Adv. Trainee  F/T Research  P/T Research  
 F/T PhD Student  P/Time PhD Student  Other \_\_\_\_\_

**Place of Employment/Study:** \_\_\_\_\_

**Current Qualifications (Degrees/Diplomas etc):** \_\_\_\_\_

**Special Interests in relation to Renal Disease:** \_\_\_\_\_

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**Membership of other Colleges or Societies e.g. RACP, TSANZ, RACS etc:**

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## ANZSN Privacy Policy

The Australian and New Zealand Society of Nephrology (ANZSN) complies with the Australian Privacy effective 12 March 2014.

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 Australian 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.

*Note:* If you **do not** wish to give consent for your preferred contact details to be available on the password protected area of the website, please tick or cross this box .

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.

**Signature:** \_\_\_\_\_ **Date of Application:**                    /       /

Your application must be supported and signed by two current financial Members of the Society to whom you are known.

**Name of Proposer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(please print)

**Name of Seconder:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(please print)

**Please return the completed and signed 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  
Email: [admin@nephrology.edu.au](mailto:admin@nephrology.edu.au)**

Your application will be considered at the next meeting of the ANZSN Council.  
We will advise you of the outcome of your application following the meeting.