

**AUSTRALIAN AND NEW ZEALAND SOCIETY OF NEPHROLOGY**

ABN 87 008 505 502

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**APPLICATION FOR MEMBERSHIP**

Title: \_\_\_\_\_

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

Gender:  Male  Female  Unspecified

Date of Birth: / /

**Membership Type Applied For:** (please tick the appropriate box)

**Ordinary Membership** - A person who is ordinarily resident in Australia or New Zealand and holds an appropriate university degree or equivalent qualification and who is actively engaged in the study of renal function nor disease. Ordinary Members have full voting rights and may be elected to Council.

**Affiliate Membership (includes Advanced Trainees, PhD/ MD Students and Allied Health Professionals)** – A person who is ordinarily resident in Australia or New Zealand who is engaged in the clinical practice of the broad field of renal function or disease or who has demonstrated a particular interest in renal function or disease and who is a full member of an affiliated society as determined by Council. Affiliate Members do not have voting rights and cannot be elected to Council.

**Associate Membership** – An Ordinary Member of the ANZSN who has ceased to be resident in the Commonwealth of Australia or New Zealand for a period of twelve (12) months prior to the date of application for Associate Membership OR a person who does not reside in Australia or New Zealand but holds qualifications comparable to those required for admission as an Ordinary Member. Associate Members do not have voting rights and cannot be elected to Council.

**Primary Profession:** (please tick the appropriate box)

- Nephrologist
- Nephrology Trainee/Other Advanced Trainee
- Renal Surgeon
- Renal Scientist/Researcher
- Allied Health Professional

**Place of Employment/Study:** (please list):

**Qualifications:** (please list)

**Special Interests in relation to Renal Disease:** (please list)

**Membership of other Colleges or Societies e.g. RACP, TSANZ, RACS:** (please list)

**Contact Details**

**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)

**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)

**Telephone Contact:** (please specify your preferred telephone contact details which could be shown within the Members protected area section on the website – please print clearly)

**Work Phone\*:** (+      ) \_\_\_\_\_

**Mobile No\*:** (+      ) \_\_\_\_\_

*\* Please provide the appropriate international and/or area code*

**Consents**

If accepted as a member of the ANZSN I agree to abide by the Constitution 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.

A copy of the ANZSN Constitution can be found [here](#).

If accepted as a member of the ANZSN I consent to the following information being made available to other ANZSN members on the password protected area of the ANZSN website:

- Title and name
- Postal address, email address, work and mobile phone numbers
- Membership status and any ANZSN Committee memberships held
- Awards, grants and fellowships received

A copy of the ANZSN Privacy Policy which describes how the ANZSN manages the personal information of its members, employees and other users of its services can be found [here](#).

**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)

**\*ATTENTION APPLICANTS FOR AFFILIATE MEMBERSHIP WHO ARE ADVANCED TRAINEES OR UNDERTAKING A PhD or MD**

An advanced trainee is classified as a member who is involved in advanced training or undertaking a PhD or a MD (part-time or full-time). To qualify you must provide the ANZSN Office with the above signed form or a brief email from your supervisor confirming that you are an advanced trainee.

Please note: If we do not receive confirmation from your supervisor, the Ordinary membership rate will apply.

**I am a:** (please tick the appropriate box)

- Nephrology Advanced Trainee/Other Advanced Trainee**
- PhD / MD student**
- Nurse**
- Allied Health Professional**

Name of Supervisor \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date:    /    /

**Approval process**

Your application for membership will be reviewed by the ANZSN Council or its delegate and you will be notified of the outcome as soon as possible.

Once you are approved as a member, you will be advised and asked to pay your membership fee within sixty (60) days of acceptance.

We look forward to welcoming you as a member of the ANZSN.

**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**

**Email: [admin@nephrology.edu.au](mailto:admin@nephrology.edu.au)**