

AUSTRALIAN AND NEW ZEALAND SOCIETY OF NEPHROLOGY

ABN 87 008 505 502

145 Macquarie Street Sydney NSW 2000 AUSTRALIA

Tel. +61 2 9256 9637 Fax. +61 2 9241 4083 Email. anzsn@nephrology.edu.au



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
- Renal Surgeon
- Renal Scientist/Researcher
- Allied Health Professional

Place of Employment/Study: (please list):

Qualifications: (please list)

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 Advance 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