



The Australian and New Zealand Society of Occupational Medicine Inc. (ANZSOM)

Membership Application Form

Instructions:

- Membership applications may be made on this form or online via the ANZSOM website www.anzsom.org.au (<Join ANZSOM>)
- Please complete all the fields including the name of your nominator and seconder – please ensure they have provided their signature.
- Submit your application (including payment), along with a copy of your Curriculum Vitae to the ANZSOM Secretariat at the address shown below.
- Membership applications are forwarded to the relevant State branch for consideration / approval.
- Once your application has been approved, the Secretariat will send you a letter of approval and a membership payment receipt.
- **The current membership price is \$360.00 (inc. GST) for Full membership and \$320.00 (inc. GST) for Associate membership (for the full year (1st April 2018 to 31st March 2019).**
- For those joining after 1st October, pro-rata rates are available. Please contact the Secretariat for more information.

Applicant details:

First name: _____ Surname: _____

Title (please tick): Dr Prof A/Prof Mr Mrs Miss Ms

Preferred mailing address: _____

Preferred phone: _____ Email: _____

Professional background: Occupational Physician GP Nurse Other _____
(Please tick one)

Areas of practice (tick as many as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Fitness for work assessment | <input type="checkbox"/> Musculoskeletal health / ergonomics |
| <input type="checkbox"/> Pre placement health assessments | <input type="checkbox"/> Environmental health /safety management systems / risk assessments |
| <input type="checkbox"/> Injury management/ workplace rehabilitation | <input type="checkbox"/> Biological monitoring / chemical exposure |
| <input type="checkbox"/> Employee assistance program | <input type="checkbox"/> Alcohol and other drugs / medical review officer |
| <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Health promotion / wellness programs |
| <input type="checkbox"/> Independent medical examination/ medico-legal | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Travel health / Q fever immunisation | |

Industry expertise (tick as many as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Oil, gas and mining |
| <input type="checkbox"/> Transport other | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Underwater diving | _____ |

Nominator: Name _____ Signature _____

Seconder: Name _____ Signature _____

Applicant's signature: _____ Date: _____

Type of application:

Full membership

Full membership is open to persons engaged in or interested in occupational medicine and with a qualification entitling them to be registered as a medical practitioner or nurse.

Associate membership

Associate membership is open to other health professionals / persons engaged in or interested in occupational medicine.

Corporate Group Membership

Corporate Group Membership is also available to organisations whereby discounts apply for 5 or more employees becoming members of ANZSOM. Please contact the Secretariat for details - 1300 666 515 or email secretariat@anzsom.org.au.

Public directory

Do you wish your details to be available in a public directory of occupational doctors / occupational health nurse?

Yes No

Name (Individual and/or business name):

Ph: _____

Fax: _____

Business Address:

Email: _____

Web: _____

Languages spoken: _____

(Other than English)

Membership payment

Annual subscription rates (1st April 2018 to 31st March 2019)

Ordinary member: \$360.00 (inc. GST)

Associate member: \$320.00 (inc. GST)

Auto-renewal (optional)

Please tick if you wish to opt in for membership payments to be processed by the Secretariat on an automatic annual basis (refer link below for Terms and Conditions)

Methods of payment

EFT – BSB: 013-423 Acc. # 3541-94404 and quote your name as a reference

Cheque – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121

Credit card* – complete details below and post or fax to (03) 9428 4872

Credit card payments

Visa Mastercard Amex

Card no: _____

Expiry: _____ / _____

Name on card: _____

CVV: _____

Signature: _____

Privacy policy

ANZSOM complies with national privacy legislation, *The Privacy Amendment (Enhancing Privacy Protection) Act 2012*. All personal information supplied to ANZSOM will be treated in accordance with the National Privacy Principles. By completing and signing this application form, you give consent to ANZSOM to supply personal information as necessary to process your application to join ANZSOM. For **Auto renewal Terms and Conditions** see the website <http://www.anzsom.org.au/membership/auto-renewal-terms-and-conditions>.