



# 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](http://www.anzsom.org.au) (Join ANZSOM)
- Please complete all the fields including the name of your proposer 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 (1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019).**
- For those joining after 1<sup>st</sup> 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](mailto: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 (1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019)

Full member: \$360.00 (inc. GST)

Associate member: \$320.00 (inc. GST)

## 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: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_

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.