



A N Z G O S A
Australia & New Zealand
Gastric & Oesophageal
Surgery Association

Secretariat
PO Box 553
Stepney SA 5069
Australia
Tel +61 (0)8 8362 8939
Fax +61 (0)8 8362 8939

MEMBERSHIP APPLICATION FORM

PERSONAL

Title: _____
Surname: _____
First name(s): _____
Date of birth: _____

CONTACT

Business address: _____
Preferred mailing address: _____
Email: _____
Telephone Business: _____ Pager: _____
Mobile: _____ Other: _____
Facsimile: _____

QUALIFICATIONS

Degrees: _____

Diplomas / other awards: _____

CURRENT POSITION

Current hospital appointments Public [VMO / staff / academic]: _____

Private: _____



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INTERESTS

Areas of significant interest (*please tick as many as appropriate*)

- Upper Gastrointestinal Surgery
- Oesophageal Surgery
- Gastric Surgery
- Surgery for Morbid Obesity
- Research (clinical)
- Research (scientific)

MEMBERSHIP CATEGORY APPLIED FOR (*please tick*)

Full member

- Medical practitioners with a significant interest in Upper Gastrointestinal, Gastric or Oesophageal Surgery practice who hold FRACS or equivalent [please give details]:

Associate member

- Trainee
- Retired surgeon
- Other health professional working in the area of Upper Gastrointestinal, Gastric or Oesophageal practice

DECLARATION

Applicant's signature:

Date:



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FEES AND SUBSCRIPTIONS

Fees and subscriptions are set by the ANZGOSA Board. GST is payable on all fees.

Founding member annual subscription \$AUD250 (inc. GST)
Founding associate member annual subscription \$AUD125 (inc. GST)

Subscriptions cover the calendar year (1 January to 31 December). A renewal notice will be sent to members in November each year, and members whose subscriptions remain outstanding at 28 February will cease to receive membership benefits until all outstanding fees have been received.

Note: members of ANZGOSA who are also members of ANZHPBA are entitled to a discounted **combined annual membership** fee of \$400 (including GST) for both Associations (\$200 for Associate members). If you are already a member of ANZHPBA, please indicate below. An adjusted fee will be calculated and invoiced.

I am also a member of ANZHPBA

PAYMENT OPTIONS

- Cheque (please enclose a cheque made out to the Australian and New Zealand Gastric and Oesophageal Surgical Association Inc).
- Please debit my [Mastercard / Visa]

Card number: / / / Expiry Date: _____

For the sum of \$AUD: _____

Name on card (please print): _____

Signature: _____

PROCESSING OF YOUR APPLICATION

Applications are assessed by the Membership sub-committee of the ANZGOSA. These meetings usually take place once every two months.

Please return your completed application form to the ANZGOSA Secretariat.

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