



Membership Application (Corporate)

Contact Details

Company Name	
--------------	--

Contact Person Details

Title		First Name		Surname	
Position					
Work Address					
Suburb				State	
Post Code				Country	
Telephone			Mobile		
Email			Facsimile		

Mailing Address (if different from above)

Address					
Suburb				State	
Post Code				Country	
Telephone			Mobile		
Email			Facsimile		

Applicant Declaration

I hereby certify that the information in this application is true and correct.

Applicant Signature _____ Date _____

Applicant Name _____ Position in company _____

PROPOSER:

Prospective members must be proposed by a financial Ordinary member of the Society (contact the ANZSRS Secretariat in case of difficulties).

I hereby propose that _____ be admitted as a Corporate Member of the Australian and New Zealand Society of Respiratory Science Ltd.

Proposer's Name: _____ Proposer's Signature: _____

Proposer's member #: _____ Date: _____

APPLICANT DECLARATIONS:

Members Liability

I acknowledge that as a member of the ANZSRS Ltd I am liable under Clause 1 of the Constitution to contribute the sum of \$100.00 to the assets of the Company if it is wound up whilst the applicant company is a member or within one year afterwards.

Deceleration of Solvency

I declare that the applicant company is solvent and that should the applicant company be declared insolvent I will inform the ANZSRS Ltd and further acknowledge that the applicant company will no longer be eligible to be a member of ANZSRS Ltd.

I hereby certify that the information in this application is true and correct.

Applicant Signature: _____

Date: _____

The Privacy Amendment (Private sector) Act 2001

The ANZSRS Ltd complies with national privacy legislation, The Privacy Amendment (Private sector) Act 2001.

Personal information about Members, as defined by the legislation, may only be provided if the person has authorised the ANZSRS to provide it for a purpose covered by the authority given. All personal information, as defined by the privacy legislation, supplied to the ANZSRS will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles.

By completing and signing this form you give the ANZSRS consent to supply personal information as necessary to process your application to join the ANZSRS, supply the personal information (name, preferred mailing address and contact phone, fax and email) to third parties who seek to promote scientific meetings and/or disseminate information deemed by the Board to be of interest to members.

The ANZSRS has a policy to publish **work contact details only** of members in the secure Members Only area of the Society's Web-site Membership Directory, unless otherwise instructed.

If you **do not wish** to have your work contact details published in the Membership directory please complete and sign below:

I **do not** authorise the ANZSRS to publish my work contact details in the Society's Web-site Membership Directory.

Signature: _____

Date: _____

SUBMITTING APPLICATION:

The completed **application form** and any supporting information supporting your eligibility for membership of the Society should be forwarded by post, fax or email to the ANZSRS Secretariat (details below). Information supplied on this application and the accompanying documentation is necessary to process your application. **Failure to provide the requested information will result in delays.** Please do **NOT** send in any payment with the application. Once your application has been received, you will receive an invoice for the non-refundable \$45(+GST) application fee. Once the application fee is paid, your application will be considered. If approved, you will receive an invoice for the applicable membership fees.

ANZSRS Secretariat
(Association Executive Services)
PO Box 1346
Mitcham North, Victoria 3132
AUSTRALIA

Email: info@anzsrs.org.au

Telephone: +61 3 9842 6372

OFFICE USE ONLY

Application received: _____

Checklist attached and completed _____