



# The Cardiac Society of Australia & New Zealand

PO Box 10-601 Wellington NEW ZEALAND  
Phone: 64 4 472 6713 Fax: 64 4 472 6718  
CSANZ Website: <http://www.csanz.edu.au>  
GST No: 51-508-513

## NEW ZEALAND RESIDENT MEMBERSHIP APPLICATION FORM

Membership applications must first go to the Regional Committee – see contact details on page 2 of this form. Please forward this completed application, together with your CV, to the Regional Secretary in your State.

Criteria for each category of Membership is available on the website at [www.csanz.edu.au](http://www.csanz.edu.au) under “Want to Join?” *Member Categories – Application Process, Joining Criteria and Annual Subscription*. Please ensure that you read the criteria carefully to ensure that you comply with the eligibility criteria.

Nominations for FCSANZ or Associate Membership must be proposed by one Voting Member and seconded by another Voting Member (FCSANZ, Ordinary, Honorary or Life Members are Voting Members) of the Society, to both of whom the nominee shall be personally known. The proposer and seconder are required to sign this application form. Written references are not required unless the applicant is NOT living in Australia or New Zealand.

Nominations for Affiliate Membership must be proposed by either an Affiliate, FCSANZ, Ordinary, Honorary or Life Member of The Society and seconded by an FCSANZ, Ordinary, Honorary or Life Member of The Society to both of whom the nominee shall be personally known.

TYPE OF MEMBERSHIP REQUESTED: FCSANZ  ASSOCIATE  AFFILIATE

Please note that Affiliate Membership of the Society automatically includes Membership to the Cardiovascular Nurses Working Group. If you DO NOT wish to join the Working Group – please tick this box.

SURNAME: ..... GIVEN NAME(S): .....  
Please print clearly First name Second name

TITLE: (please tick) Dr  Prof.  Assoc. Prof.  Mr  Mrs  Ms  Miss

PRESENT EMPLOYMENT / POSITION(S): .....  
.....

PROPOSED BY: NAME: ..... SIGNATURE: .....

SECONDED BY: NAME: ..... SIGNATURE: .....

SIGNATURE OF APPLICANT: ..... DATE: ...../...../.....

Please do not send any money at the time of application

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## THE PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2001

The CSANZ complies with new national privacy legislation, *The Privacy Amendment (Private Sector) Act 2001* effective 21 December 2001.

Personal information, as defined by the legislation, about Members may only be provided if the person has authorised the CSANZ to provide it for a purpose covered by the authority given. All personal information, as defined by the privacy legislation, supplied to the CSANZ 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 consent to the CSANZ to supply personal information as necessary to process your application to join the CSANZ, 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 to be of interest to Members and for publication in the Society's on-line Directory of Members.

Information on this application form is necessary in order to process your application. **Please note:** Failure to provide the information requested will result in the application not being processed.

**Consent is provided for the term of your Membership of the CSANZ.**

.....  
(Signature)

.....  
(Date)

# MEMBERSHIP INFORMATION SHEET

Applicant's details: (Please print)

SURNAME: .....

FIRST NAME: .....

SECOND NAME: .....

THIRD NAME: .....

GENDER: Male:  Female:  DATE OF BIRTH: ...../...../.....

QUALIFICATIONS: (Include Degrees, Diplomas; FRACP, FRACS and College Affiliations)

Qualification	Year Awarded	Awarding Institution
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.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## Working Group Interests

Please nominate a Working Group you wish to join and up to two other supplementary Groups (indicate your preference by writing 1, 2, 3 next to the Working Group – 1 being the preferred Group)

- |   |  |
|---|--|
| <b>Australian Heart Failure Collaborative Group</b> | <b>Indigenous</b>                                |
| <b>Cardiac Surgery</b>                              | <b>Interventional</b>                            |
| <b>Cardiovascular Genetic Diseases</b>              | <b>Electrophysiology &amp; Pacing</b>            |
| <b>Cardiovascular Nurses</b>                        | <b>Hypertension</b>                              |
| <b>Clinical Trials</b>                              | <b>Rehabilitation, Exercise &amp; Prevention</b> |
| <b>Echocardiography / Imaging</b>                   | <b>Paediatric Cardiology</b>                     |
| <b>General Cardiology</b>                           | <b>Women in Cardiology</b>                       |

ADDRESS FOR CORRESPONDENCE: .....

STATE: ..... POSTCODE: ..... COUNTRY:.....

(Please indicate type of address: Hospital  Home  Rooms  Other

PHONE: ..... FAX: ..... EMAIL: .....

Provide an alternative mailing address in the case of your preferred mailing address for correspondence changing.

ADDITIONAL ADDRESS DETAILS: .....

STATE: ..... POSTCODE: ..... COUNTRY:.....

(Please indicate type of address: Hospital  Home  Rooms  Other

PHONE: ..... FAX: ..... EMAIL: .....