



# The Cardiac Society of Australia & New Zealand

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ABN 23 003 635 505

## OVERSEAS RESIDENT MEMBERSHIP APPLICATION FORM

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 – Joining Criteria and Annual Subscription*. Please ensure that you read the criteria carefully to ensure that you comply with the eligibility criteria.

Applications for Membership from those NOT living in Australia or New Zealand: Applicants must be proposed by one Voting Member and seconded by another Voting Member (FCSANZ, Ordinary, Honorary or Life Members are Voting Members) of the Cardiac Society, to both of whom the nominee shall be personally known. **In addition**, the applicant should forward a copy of his/her curriculum vitae and two (2) written references from individuals (not the nominator or seconder of this application) to both of whom the nominee shall be personally known. It is not necessary for the referees to be cardiologists or cardiothoracic surgeons. Forward the application to the Honorary Secretary at the above address.

Please forward this completed application, together with your CV, to the Honorary Secretary of the CSANZ at the above address.

TYPE OF MEMBERSHIP REQUESTED: FCSANZ  ASSOCIATE  AFFILIATE

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: .....  
Proposer must be a FCSANZ, Ordinary, Honorary or Life Member of the CSANZ

SECONDED BY: NAME: ..... SIGNATURE: .....  
Seconder must be a FCSANZ, Ordinary, Honorary or Life Member of the CSANZ

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

Please do not send any money at the time of application

# CSANZ PRIVACY POLICY

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 Act, about Members, Applicants for Membership or individuals submitting an abstract, whether submitted prior to 21 December 2001 or after that date, will only be handled and used in accordance with the National Privacy Principles (NPPs). Such information will be used only for the purposes collected and in accordance with the CSANZ's rules and objects. Details will not be passed on to a Third Party without the express permission of the individual concerned. Any Third Party with whom information may be shared must have a complying privacy policy and must undertake to use that personal information for the stated purpose only and not for any secondary purpose.

Personal information already submitted by this date or collected after this date will be regarded as confidential and will be disclosed ONLY under the following conditions:

For Members, applicants for Membership and abstract submitters:

- for the purposes of processing Membership application;
- for purposes of identifying status as Member or Applicant for Membership of the CSANZ;
- for the purposes of processing an abstract submission;
- for purposes of promoting scientific meeting(s), in particular the CSANZ's Annual Scientific Meeting;
- for purposes of forwarding educational information;
- inclusion in the Directory of Members;
- to other CSANZ Members for a purpose approved by the CSANZ;
- for any purpose deemed of interest to Members by the CSANZ;

*Please Note:*

- a) *It is not possible to join the CSANZ without providing the information requested.*

The CSANZ requires parties who request personal information to apply in writing, stating the purpose for its use, to declare that it will not be used for any secondary purpose, and that it has a complying privacy policy. If the CSANZ assesses the request as being of value to its Members, it will only meet such requests in respect of those Members who authorise the CSANZ to do so.

**Once signed, this authorisation will provide consent for the term of your Membership** however, you may cancel authorisation at any time by contacting the Sydney office.

**Members may check the accuracy and update their personal details at any time either by contacting the Sydney office, emailing or via the CSANZ Member Directory on the website.**

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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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

### Special Cardiological 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: .....