# CSANZ MEMBERSHIP APPLICATION

**Contact details**  
Please do not send any money at time of application

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Prof □</th>
<th>A/Prof □</th>
<th>Dr □</th>
<th>Mr □</th>
<th>Mrs □</th>
<th>Ms □</th>
<th>Miss □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th>Gender:</th>
<th>Male □</th>
<th>Female □</th>
</tr>
</thead>
</table>

**Address for correspondence:**  
(Please indicate type of address)  
Hospital □ Rooms □ Home □ Other □

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile:</th>
<th>Email:</th>
</tr>
</thead>
</table>

To accommodate any changes to your preferred mailing address, please provide an alternative mailing address.  
(Please indicate type of address)  
Hospital □ Rooms □ Home □ Other □

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile:</th>
<th>Email:</th>
</tr>
</thead>
</table>

**Present employment / positions**  
(provide clear and concise description of current workplace position):  

<table>
<thead>
<tr>
<th>Name of nominator:</th>
<th>Signature</th>
</tr>
</thead>
</table>

Name of seconder:  

<table>
<thead>
<tr>
<th>Name of seconder:</th>
<th>Signature</th>
</tr>
</thead>
</table>

Application – please attach a current CV. Applications which are not accompanied by a CV will not be processed

**Type of Membership category applied for:**  
FCSANZ □ Associate □ Affiliate □

IF YOU ARE AN ADVANCED TRAINEE PLEASE SEE SEPARATE APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Please read carefully the eligibility criteria for Nominator and Seconder as it varies depending on Membership category being applied for. Criterion is available via the CSANZ website.

Please email your application to info@csanz.edu.au or send to the Secretariat office of the country in which you reside:  

**CSANZ – Australia**  
Suite 601 Level 6, 1 Castlereagh Street Sydney NSW 2000 AUSTRALIA  
P | 61 2 9226 7900  
E | info@csanz.edu.au  
W | www.csanz.edu.au  
ABN 23 003 635 505

**CSANZ – New Zealand**  
PO Box 10-601 Wellington 6143 NEW ZEALAND  
P | 64 4 472 6713  
F | 64 4 472 6718  
GST No 51-508-513
Qualifications – include Degrees, Diplomas, FRACP, FRACS and College Affiliations

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Year Awarded</th>
<th>Awarding Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Member information and interests

**ISHR Adjunct Membership:** CSANZ members are entitled to apply for adjunct Membership of the International Society for Heart Research (ISHR) Australasian Section. ISHR Adjunct membership is offered to CSANZ members at a 25% discount of the full ISHR membership rate. To be eligible for ISHR Adjunct Membership your CSANZ membership must be ratified by the CSANZ Board and your CSANZ membership payment must be received. When your CSANZ membership is finalized your ISHR Adjunct Membership will be processed.

If you wish to list your application for ISHR Adjunct Membership – please tick this box.

**Cardiology interests**

Please select three. Indicate in order of preference using numbers – 1, 2 or 3

- ☐ Cardiac Care Nurse - medical
- ☐ Cardiac Cath Lab Nurse
- ☐ Cardiac Technologist
- ☐ Cardiovascular Genetic Diseases
- ☐ Cardiovascular Surgery
- ☐ Catheterisation
- ☐ Clinical Cardiology
- ☐ Clinical Manager
- ☐ Clinical Trials
- ☐ Clinical Trials Nurse
- ☐ Computer / internet
- ☐ Coronary Care
- ☐ Coronary Care Nurse
- ☐ Coronary Physiology
- ☐ Dietician
- ☐ EXG Technician
- ☐ Echocardiographer / Sonographer
- ☐ Echocardiography
- ☐ Education and Ethics
- ☐ Educator
- ☐ Electrophysiology and Pacing
- ☐ Endocrinology
- ☐ General Cardiology
- ☐ Heart Failure
- ☐ Hypertension
- ☐ Imaging
- ☐ Indigenous
- ☐ Intensive Care Nurse – surgical
- ☐ Intervention
- ☐ Laboratory Technologist
- ☐ Lipids
- ☐ Pacing/EP Technologist
- ☐ Paediatric and Congenital
- ☐ Pharmacology
- ☐ Physiology
- ☐ Physiotherapist
- ☐ Radiographer
- ☐ Rehab, Exercise and Prevention
- ☐ Rehab Nurse
- ☐ Research
- ☐ Statistician
- ☐ Thrombolysis and Reperfusion

**CSANZ Councils**

- ☐ Allied Health Science and Technology
- ☐ Cardiac Imaging
- ☐ Cardiovascular Surgery
- ☐ Cardiovascular Genetic Diseases
- ☐ Cardiovascular Nurses
- ☐ Clinical Trials
- ☐ Electrophysiology & Pacing
- ☐ General Cardiology
- ☐ Heart Failure
- ☐ Hypertension
- ☐ Indigenous Health
- ☐ Interventional
- ☐ Interventional Nurses
- ☐ Paediatric and Congenital Cardiology
- ☐ Rehab, Exercise and Prevention
- ☐ Women in Cardiology

Consent

Please ensure that you have read the CSANZ’s Constitution and Privacy Policy available on the website.

Include contact details in CSANZ Member Directory on website?

Yes ☐ No ☐

I hereby provide consent for my contact details to be made available to a 3rd party as deemed appropriate by the CSANZ.

Yes ☐ No ☐

I hereby provide consent for the CSANZ to obtain relevant information from a 3rd party, eg the RACP, RACS as necessary to assess my application to join the CSANZ.

Yes ☐ No ☐

By submitting and signing this application you are consenting to be bound by the Constitution of the CSANZ.

Signature __________________________ Date __________________________