



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: _____

INTERESTS

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

- General HPB
- Complex liver
- Complex pancreas
- Complex biliary
- Research (clinical)
- Research (scientific)

MEMBERSHIP CATEGORY APPLIED FOR *(please tick)*

Full member

- Medical practitioners with a significant interest in HPB surgery practice
Hold FRACS or equivalent [please give details]: _____

Associate member

- Trainee
- Retired HPB surgeon
- Other health professional working in the area of HPB practice

DECLARATION

Applicant's signature: _____

Date: _____

Nominated by *(must be an ANZHPBA full member):*

Nominee's signature: _____

Date: _____

Email Address: _____ Phone number: _____

Nominated by *(must be an ANZHPBA full member):*

Nominee's signature: _____

Date: _____

Email Address: _____ Phone number: _____

FEES AND SUBSCRIPTIONS

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

Member annual subscription \$AUD250 (inc. GST)
Associate member annual subscription \$AUD125 (inc. GST)

Subscriptions cover the financial year (1 Jan to 31 Dec). A renewal notice will be sent to members in December each year, and members whose subscriptions remain outstanding at 30 June will cease to receive membership benefits until all outstanding fees have been received.

Note: members of ANZHPBA who are also members of ANZGOSA 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 ANZGOSA, please indicate below. An adjusted fee will be calculated and invoiced.

I am also a member of ANZGOSA

PAYMENT OPTIONS

Cheque (please enclose a cheque made out to the Australian and New Zealand Hepatic, Pancreatic and Biliary 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 ANZHPBA. These meetings usually take place once every two months.

Please return your completed application form to the ANZHPBA Secretariat:

PO Box 374
Belair SA 5052
t +61 8 362 8939
f +61 8 362 8939
e anzhpba@gmail.com
w www.anzhpba.com