



# ANZMOSS

Australian & New Zealand  
Metabolic and Obesity Surgery Society

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## APPLICATION FOR MEMBERSHIP 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 / APPOINTMENTS

Public [VMO / staff / academic]: \_\_\_\_\_  
\_\_\_\_\_

Private: \_\_\_\_\_  
\_\_\_\_\_

### Discipline For Membership

Please tick one

- Surgery
- Bariatric Medicine
- Dietetics
- Nursing
- Psychology / Counselling
- Management / Administration
- Exercise Physiology

## INTERESTS

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

- Bariatric Surgery
- Upper GI Surgery
- Bariatric Medicine
- Bariatric Nutrition and Dietetics
- Bariatric Psychology
- Bariatric Nursing – clinical
- Bariatric Nursing – theatre
- Practice Management / Team Care
- Research

## MEMBERSHIP CATEGORY APPLIED FOR (*please tick*)

### Full member

- Consultant medical practitioners with a significant interest in Bariatric Surgery practice who hold FRACS or equivalent

### Associate member

- Associate Membership is available to non-specialist GP's, anaesthetists and integrated health professionals such as dietitians, exercise physiologists, psychologists and administrative staff involved in the care of the bariatric patient

### Affiliate member

- Affiliate Membership is for Fellows of RACS who have a specialist interest in bariatric surgery but who do not wish to be a Full Member; or a medical practitioner registered to practice in Australia or New Zealand who has a specialist interest in bariatric surgery, including such a practitioner who is undertaking a RACS surgical education & training (SET) program.

*Affiliate Members are non-voting members and are nominated by the same procedure for Regular Members.*

## DECLARATION

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Nominated by (*must be an ANZMOSS full member*):**

Nominee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Nominated by (*must be an ANZMOSS full member*):**

Nominee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

