



ANZMOSS

Australian & New Zealand
Metabolic and Obesity Surgery Society

Executive Officer: Leanne Rogers, P.O. Box 374, Belair SA 5052

Ph: 61 8 8278 1249

A.C.N: 108 788 530

Email: info@anzmoss.com.au Website: WWW.anzmoss.com.au

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:

BARIATRIC SURGERY REGISTRY (For full surgical member applications ONLY)

Are your patients involved in the BSR? Yes / No (please circle)

Discipline For Membership

Please tick one

- ☐ Surgery
- ☐ Bariatric Medicine
- ☐ Dietetics
- ☐ Nursing
- ☐ Psychology / Counselling
- ☐ Management / Administration
- ☐ Exercise Physiology
- ☐ Gastroenterologist
- ☐ Anesthesia
- ☐ Other _____

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 Bariatrics practice who hold FRACS or equivalent

Associate member

- ☐ Associate Membership is available to specialist physicians: GP's, gastroenterologists, anaesthetists and integrated health professionals such as nurses, 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: _____

**** Your application must include the nominee signatures – 2 for FULL Applications or 1 for Associate Applications ****

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: _____

FEES AND SUBSCRIPTIONS

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

Please Tick

- | | |
|---|----------------------|
| <input type="checkbox"/> Full member (IFSO membership included) | \$AUD400 (inc. GST) |
| <input type="checkbox"/> Associate member | \$AUD100 (inc. GST) |
| <input type="checkbox"/> Associate member (IFSO membership included) | \$AUD 180 (inc. GST) |
| <input type="checkbox"/> Affiliate member | \$AUD100 (inc. GST) |

Subscriptions cover the calendar year (1 March to 28 February). A renewal notice will be sent to members in January each year, and members whose subscriptions remain outstanding at six months will cease to receive membership benefits until all outstanding fees have been received.

PAYMENT OPTIONS

Amount: \$ _____

☐ Cheque (*please enclose your cheque payable to ANZMOSS*)

☐ Credit Card – please debit my: Visa / MasterCard (circle card type) *AMEX not available*

Cardholder No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: / CCV: _____

Name on card (please print): _____

Signature: _____

PROCESSING OF YOUR APPLICATION

Applications are assessed by the ANZMOSS Board and ratified.

Please return your completed application form to the ANZMOSS Executive Officer.

P.O. Box 374 Belair SA 5052
T +61 8 8278 1249

E info@anzmoss.com.au