



ANZMOSS

Australian & New Zealand
Metabolic and Obesity Surgery Society

Executive Officer: Grace Hackett Suite 18, 2 Docker Street
Wagga Wagga NSW 2650
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
- Anaesthesia
- 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/Aff 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

- Full member** (IFSO membership included) \$AUD400 (inc. GST)
- Associate member** (IFSO membership included) \$AUD 140 (inc. GST)
- 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*)

Preferred:

Account Name: ANZMOSS
Direct Debit details: BSB: 013 225 Account number: 938509633

Signature: _____

PROCESSING OF YOUR APPLICATION

Applications are assessed by the ANZMOSS Board and ratified.
You will be notified once your application has been approved.

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

E info@anzmoss.com.au