

ANZCA/ASA/NZSA  
SPECIAL INTEREST GROUP  
MEMBERSHIP APPLICATION FORM

Please indicate which Special Interest Group(s) you wish to join:

- |  |   |
|--|---|
| <input type="checkbox"/> Acute Pain  | <input type="checkbox"/> Medical Education        |
| <input type="checkbox"/> Airway Management   | <input type="checkbox"/> Neuroanaesthesia         |
| <input type="checkbox"/> Anaesthesia and Critical Care in Unusual Transport Environments | <input type="checkbox"/> Obstetric Anaesthesia    |
| <input type="checkbox"/> Anaesthetists in Management                                     | <input type="checkbox"/> Perioperative Medicine   |
| <input type="checkbox"/> Cardiothoracic, Vascular and Perfusion                          | <input type="checkbox"/> Regional Anaesthesia     |
| <input type="checkbox"/> Communications in Anaesthesia                                   | <input type="checkbox"/> Rural                    |
| <input type="checkbox"/> Day Care Anaesthesia  | <input type="checkbox"/> Trauma                   |
| <input type="checkbox"/> Diving and Hyperbaric Medicine                                  | <input type="checkbox"/> Welfare of Anaesthetists |
| <input type="checkbox"/> History of Anaesthesia and Resuscitation                        |   |

**MEMBERSHIP TYPE**

Membership is of two types; please indicate the type applied for:

- MEMBER:** (Fellows of ANZCA, or Ordinary Members of the ASA or NZSA)  
Please indicate your affiliation/s:
- Fellow of ANZCA
  - Ordinary Member of ASA
  - Ordinary Member of NZSA

- ASSOCIATE MEMBER:**
- People with special interests, who are not eligible to be full members. These may include Associate Members of the ASA or NZSA; registered Trainees of ANZCA allied health professionals or members of other related professional organisations.
- Associate Members require nomination by two full members of the SIG and approval by majority at a meeting of the Executive Committee of the SIG. Please ensure the following section is completed. (An annual membership fee may be applicable.)**

NOMINATION

We wish to nominate..... to Associate Membership of the .....Special Interest Group.

..... Signature	..... Print Name (Full member of SIG)
..... Signature	..... Print Name (Full member of SIG)

***Please complete section overleaf***

## DETAILS OF APPLICANT

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Other Names: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

Hospital: \_\_\_\_\_

Preferred Mailing Address: Please indicate if this is:  Home  Work

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

H Phone: (\_\_\_\_) \_\_\_\_\_ H Fax: (\_\_\_\_) \_\_\_\_\_

W Phone: (\_\_\_\_) \_\_\_\_\_ W Fax: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

Basic Degree: \_\_\_\_\_ Year: \_\_\_\_\_

University: \_\_\_\_\_

Specialist Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

Signed: .....

Date: ...../...../.....

**Mail to:**

**ANZCA**

Email: [events@anzca.edu.au](mailto:events@anzca.edu.au)

Australian and New Zealand College of Anaesthetists,  
630 St Kilda Road, Melbourne VIC 3004, Australia.

Tel: +61 3 9510 6299 Fax: +61 3 9510 6786

Or

Julianne Kiely

Email: [jkiely@asa.org.au](mailto:jkiely@asa.org.au)

Australian Society of Anaesthetists,  
PO Box 600, Edgecliff NSW 2027 Australia.  
Tel: +61 2 9302 2709 Fax: +61 2 9327 7666

Office use

Approved by SIG Executive on \_\_\_\_/\_\_\_\_/\_\_\_\_

Received: \_\_\_\_\_