

APPLICATION FOR SOMANZ MEMBERSHIP

Title _____ Given Name/s _____

Surname _____

Address for correspondence _____

State _____ Post Code _____ Country _____

Telephone (____) _____ Fax (____) _____

Email _____

Qualifications/Degrees: _____

I, _____ hereby apply for membership to SOMANZ.

Signed _____ Date _____

Nominated By _____ Signature _____
 (Must be a current financial member of SOMANZ) (Nominator's signature)

*Supervisor's Name, Telephone and Signature is required if applying for **student** membership
 (income limit of \$25,000 p/a)*

Membership is from **01 January** to **31 December** per calendar year - ***Full Membership - A\$165.00** (incl. A\$15.00 GST) ***Student Membership - A\$82.50** (incl \$7.50 GST) ***Overseas Full Membership - A\$150.00** ***Overseas Student Membership - A\$75.00** (GST is only payable to Australian members). All memberships now include the 'Obstetric Medicine Journal'.

Method of Payment

Cheque Mastercard Visa Total Amount Paid A\$ _____
(Please circle method of payment)

Card number _____ / _____ / _____ / _____

Name on Card _____

Expiry Date ____ / ____ Cardholder Signature _____

If paying by cheque, please pay in Australian Dollars and make payable to **SOMANZ** and forward with a copy of this tax invoice to the SOMANZ Secretariat.

For our records, would you please indicate which position best describes your major area of work:

Scientist Obstetrician Physician Anaesthetist Other _____

Please advise if you a fellow of: RACP RANZCOG Other _____