

APPLICATION FOR MEMBERSHIP

Surname _____

Title _____ Given Name/s _____

Address for correspondence _____

State _____ Post Code _____ Country _____

Telephone (____) _____ Fax (____) _____

Email _____

I, _____ hereby apply for membership to SOMANZ.

Signed _____ Date _____

Nominated By _____ Signature _____
(Please print nominating member's name) (Nominator's signature)

*Supervisor's Name, Telephone and Signature is required if applying for **student** membership*

***Full Membership - A\$150.00** (incl. A\$13.64 GST) ***Student Membership - A\$65.00** (incl \$5.90 GST) ***Overseas Full Membership - A\$136.36** ***Overseas Student Membership - A\$59.09** (GST is only payable to Australian members). **All memberships now include the quarterly journal 'Obstetric Medicine'.**

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 category best describes your major area of interest.

Scientist **Obstetrician** **Physician** **Anaesthetist** **Other** _____