

Personal Details			
Title	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Dr.
First Name		Surname	
Home Address			
City	Postcode	Country	
Year of Birth		Gender <input type="checkbox"/> Female	<input type="checkbox"/> Male

Employment Details		
Position		
Department		
Organisation		
Address		
City	Postcode	Country

Contact Details		
Phone	Mobile	
Email		
Address for Correspondence	<input type="checkbox"/> Home	<input type="checkbox"/> Work

Major Area of Work (more than 50%)	
<input type="checkbox"/> Palliative Medicine Specialist	<input type="checkbox"/> General Practitioner
<input type="checkbox"/> Palliative Medicine Trainee	
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time

Other Qualifications
Degrees
Postgraduate Degrees and Diplomas

Work Setting	
<input type="checkbox"/> Hospital – Clinician	<input type="checkbox"/> Community Health – Clinician
<input type="checkbox"/> Private Practice	<input type="checkbox"/> University
<input type="checkbox"/> Administration	<input type="checkbox"/> Retired

## ANZSPM Membership Form (NZ members)

<b>Special Interest</b>	
<input type="checkbox"/> Adolescent	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Cancer	<input type="checkbox"/> Non-malignant diseases
<input type="checkbox"/> Aged Care	<input type="checkbox"/> Education
<input type="checkbox"/> Health Economics	<input type="checkbox"/> Health Promotion
<input type="checkbox"/> Research	<input type="checkbox"/> Ethics
<input type="checkbox"/> Spirituality	<input type="checkbox"/> Pain

<b>Privacy Statement</b>
<ul style="list-style-type: none"> <li>• ANZSPM complies with National Privacy Principles (from Privacy Act 1988 and Privacy Act 1993 in New Zealand).</li> <li>• ANZSPM will not provide any persons or organisations with any personal information that you have provided on this form. Non personal data provided on this form may be collated to provide other persons or organisations with a description of the membership of ANZSPM i.e., age, gender, main occupation, qualifications of members.</li> <li>• I authorise ANZSPM to list my personal details, qualifications, areas of work, and interests in the ANZSPM Membership Directory (access only to ANZSPM management). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• I authorise my name, work address, work telephone number and email to be listed on the website (Secure Members Area only). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• I authorise ANZSPM to send me questionnaires from other organisations or individuals when ANZSPM Council has endorsed the research project. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• I wish to receive a copy of the ANZSPM newsletter. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• I wish to receive a copy of the ANZSPM E-Update. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• I wish to receive direct emails (infrequent) from ANZSPM if important news arises between newsletters and the E-Update. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul> <p>Print name .....</p> <p>Applicant's signature .....</p> <p>Date .....</p>

## ANZSPM Membership Form (NZ members)

Membership Category	
<input type="checkbox"/>	<p><b>Full Membership</b></p> <p>Full membership is offered to registered medical practitioners who can demonstrate a commitment to clinical practice, research, education or administration in palliative medicine.</p> <p>Fee     <input type="checkbox"/> NZ\$200.00</p>
<input type="checkbox"/>	<p><b>Trainee Membership</b></p> <p>If you are a Registered Medical Practitioner involved in or interested in palliative medicine and in a Junior Medical Officer position (intern, resident medical officer, house officer, registrar or general practice trainee) or other training position you are eligible for this level of membership with substantial savings on full membership.</p> <p>Fee     <input type="checkbox"/> NZ\$100.00</p>
<input type="checkbox"/>	<p><b>Retired Membership</b></p> <p>Retired membership is offered to registered medical practitioners involved in or interested in palliative medicine who are over the age of 60 and retired from practice.</p> <p>Fee     <input type="checkbox"/> NZ\$108.00</p>

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### Tax Invoice/Receipt (for the period 1 July 2008 – 30 June 2009)

(Please keep a copy for your records as a receipt will not be issued)

Payment method:

Cheque

Direct Bank deposit to ANZSPM account: 0205280492568 00

**If paying by direct deposit please indicate here the name or code used**

**to identify this deposit as coming from you.....**

Amount: \$NZ .....

**Please post membership form and cheque if paying by cheque to:**

**Dr Andrew Wilson, NZ Treasurer, ANZSPM, PO Box 1090 Blenheim New Zealand.**

Office Use Only	
Date received application	
<input type="checkbox"/> Membership Fee Received.	<input type="checkbox"/> Membership Fee banked
<input type="checkbox"/> Member added to main database	<input type="checkbox"/> Acknowledgement Letter sent/emailed
<input type="checkbox"/> Member added to email database	<input type="checkbox"/> Filed