

TRANSPLANTATION SOCIETY OF AUSTRALIA AND NEW ZEALAND

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T · S · A · N · Z

APPLICATION FOR TSANZ MEMBERSHIP

Tick one box only

Ordinary (Full membership) - includes joint TTS membership

Affiliate* (Student) - includes TTS Membership

Affiliate* (Student) - without TTS Membership

*attach an email from your supervisor confirming you are a student under their supervision

APPLICATION FOR ATCA/TSANZ MEMBERSHIP

(Application must be made through ATCA)

APPLICATION FOR TNA/TSANZ MEMBERSHIP

(Application must be made through TNA)

Surname: _____

Given Names: _____

Preferred Title: _____ Date of Birth: _____

Work Address: _____

Phone Number (Wk): _____ Fax Number (Wk): _____

Mobile: _____

Email Address: _____

Home Address: _____

Phone Number (Home): _____

Preferred Address for Notices and Inclusion in Membership Directory:-

Home/Work: _____

University and/or Hospital Appointments: _____

Qualifications (Degrees/Diplomas etc): _____

Areas of Interest in Relation to Transplantation

Bone Marrow	<input type="checkbox"/>	Renal	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>	Stem Cell Transplantation	<input type="checkbox"/>
Cornea	<input type="checkbox"/>	Tissues	<input type="checkbox"/>
Donor Surgeons	<input type="checkbox"/>	Tissue Typing	<input type="checkbox"/>
Liver / Small Bowel	<input type="checkbox"/>	Transplant Coordinators	<input type="checkbox"/>
Lung	<input type="checkbox"/>	Immunobiology	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>	Tolerance	<input type="checkbox"/>
Pancreas & Islet	<input type="checkbox"/>	Xenotransplantation	<input type="checkbox"/>

Membership of Other Colleges, Associations, Societies e.g, RACS, RACP, ANZSN, ATCA, TNA:

TSANZ Privacy Policy

The Transplantation Society of Australia and New Zealand Society (TSANZ) complies with the Australian Privacy Principles effective 12 March 2014.

Personal information is collected on membership application forms and is usually updated on subscription renewal forms. The TSANZ will only disclose preferred contact details, including mailing address, phone, fax and email address to other members of the TSANZ, current sponsors of the TSANZ and other third parties deemed appropriate by the TSANZ for purposes related to providing education, training and continued medical education and professional development.

Personal information, as defined by the legislation, about Members may only be provided if the person has authorised the TSANZ to provide it for a purpose covered by the authority given. All personal information will be treated in accordance with the Australian Privacy Principles and only shared with third parties in accordance with those principles.

By completing and signing this form you give the TSANZ consent for your preferred contact details to be available on the password protected area of the web and for the TSANZ to supply personal information as necessary to process your application to join the TSANZ and to supply the personal information as outlined above.

I agree to abide by the Articles of Association and By-Laws of the Transplantation Society of Australia and New Zealand Inc, and to pay my annual subscription so long as I remain a member.

Date of Application: _____ Signature of Applicant: _____

Name of Proposer: _____ Signature: _____

Must be a current financial Ordinary member

Name of Seconder: _____ Signature: _____

Must be a current financial Ordinary member

Please return your completed application form to:

Honorary Secretary
Transplantation Society of Australia and New Zealand
145 Macquarie Street SYDNEY NSW 2000 AUSTRALIA
admin@tsanz.com.au

Your application will be considered at the next meeting of the TSANZ Council. Once membership has been approved a subscription payment form will be sent along with membership information.