



Obesity Surgery Society  
of Australia & New Zealand

# THE OBESITY SURGERY SOCIETY OF AUSTRALIA AND NEW ZEALAND

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## ASSOCIATE MEMBERSHIP FORM – 2017

Associate Membership is available to GP's, anaesthetists and allied health professionals such as dietitians, exercise physiologists, psychologists and administrative staff involved in the care of the bariatric patient.

### Please complete the following details:

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

First Name(s): \_\_\_\_\_

Qualifications: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Position: \_\_\_\_\_

Surgeon/Practice: \_\_\_\_\_

Practice Address: \_\_\_\_\_

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

Telephone (Business): \_\_\_\_\_ Facsimile: \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_ New or Renewal OSSANZ member (please circle)

Appointments or involvement with obesity surgery: \_\_\_\_\_

I do / do not want my details on the OSSANZ Website \_\_\_\_\_

### PAYMENT OPTIONS

**Amount: \$100.00**

Cheque (please enclose your cheque payable to OSSANZ)

Credit Card – please debit my: Visa / Bankcard / MasterCard (circle card type)

Cardholder No.: 

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Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

***The annual subscription of \$A100 should be forwarded with this application.***