

# APPLICATION FOR MEMBERSHIP OF ANZCHOG



Australian and New Zealand Children's Haematology/Oncology Group (**ANZCHOG**) a public company limited by guarantee.

I, .....(insert full name of applicant)

of.....(insert address)

apply to become an:

**Ordinary Member** of ANZCHOG (health and associated professionals primarily resident in Australia or New Zealand who are primarily engaged in the field of paediatric cancer and/or blood diseases)

**Associate Member** of ANZCHOG (health and associated professionals primarily engaged in the field of paediatric cancer and/or blood diseases who are not fully qualified, health and associated professionals not primarily engaged in the field of paediatric cancer and/or blood diseases or who are not primarily resident in Australia or New Zealand and who demonstrate significant interest in paediatric cancer and/or blood diseases).

**Community Member** of ANZCHOG (anyone who does not meet the criteria for ordinary or associate membership but who would like to maintain an active interest in the activities of ANZCHOG).

If I am admitted as a member, I agree to be bound by the Constitution of ANZCHOG in force from time to time and I acknowledge that a copy of the Constitution is available from [www.anzchog.org](http://www.anzchog.org)

## DECLARATION BY APPLICANT FOR MEMBERSHIP

**(Please circle the most relevant answer to you.)**

I warrant and represent to ANZCHOG that:

(a) I am a health or associated professional in the field of paediatric cancer and/or blood diseases (as defined in the Constitution clause 73) primarily resident  
.....(insert Country);

OR

(b) I am not a health or associated professional however have an active in interest in ANZCHOG activities.

### Details

If you answered (b), please indicate briefly your specific interest:

.....  
.....

## NOMINATION BY ANZCHOG MEMBER

I, ..... of  
.....(insert Institution) being an Ordinary

Member of ANZCHOG support the nomination of ..... for  
**Ordinary Membership** of the Group.

.....  
Signature of ANZCHOG Member

## NOMINATION SECONDED BY ANZCHOG MEMBER\*

I, ..... of  
.....(insert Institution) being an Ordinary  
Member of ANZCHOG support the nomination of ..... for  
**Associate or Community Membership** of the Group.

.....  
Signature of ANZCHOG Member

\*Application for Associate or Community membership requires nomination by TWO Ordinary ANZCHOG members

### ACKNOWLEDGEMENT

**I acknowledge that, if there is any error or omission in the above warranties and representations, the Board of ANZCHOG will have the right to, in its sole discretion, revoke my membership of ANZCHOG.**

.....  
Signature of Applicant

.....  
Date

.....  
Print name of Applicant

### CONTACT INFORMATION

Please complete the following information, which will help us keep in contact with you. Please note: your personal details will not be distributed and will only be used for the purposes of maintaining a membership database as we are required to do by law.

#### Personal Details

First Name	
Family Name	
Please Circle: Ms Mr Dr Other (please specify):	

#### Contact Details *(all fields are mandatory)*

Position			
Organisation			
Street Address			
Suburb		Postcode	
Telephone			
Email (work)			

#### Discipline *(please circle)*

Paediatric Oncologist/ Haematologist	Mental Health Clinician (incl Psycho-oncology)	Clinical Research Professional	Management/ Administration
Research Scientist	Radiation Specialist	Pharmacist	Nurse
Surgeon	Dietician	Social Worker	
Therapist (please specify)			
Clinician - Other (please specify)			
Other (please specify)			

Submit to the ANZCHOG office at [membership@anzchog.org](mailto:membership@anzchog.org)