ANZCHOG Australian & New Zealand Children's Haematology/ Oncology Group

Membership Application Form

Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) is 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 residing 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
- Health and associated professionals who are not primarily resident in Australia or New Zealand and who demonstrate significant interest in paediatric cancer and/or blood diseases).

DECLARATION BY APPLICANT FOR MEMBERSHIP

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

I warrant and represent to ANZCHOG that (please select the most relevant answer to you):

☐ (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 residing in

.....(insert Country)

☐ (b) I am not a health or associated professional however have an active in interest in ANZCHOG activities. Please briefly indicate your specific interest below:

NOMINATION BY ANZCHOG MEMBER/S

Applications for Ordinary membership require nomination by ONE existing ANZCHOG ordinary member.

Applications for Associate or Community membership require nomination by TWO ordinary ANZCHOG members.

NOMINATION 1

I, ... of .....(insert Institution)

being an Ordinary Member of ANZCHOG support the nomination of .....

for ☐ Ordinary/ ☐ Associate (please tick) Membership of the Group.

.....
Signature of ANZCHOG Member

NOMINATION 2 (FOR ASSOCIATE MEMBERSHIP ONLY)

I, ... of .....(insert Institution)

being an Ordinary Member of ANZCHOG support the nomination of .....

.....
Signature of ANZCHOG Member

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	Print Name of Applicant	Date

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.

☐ Ms ☐ Mr ☐ Dr ☐ Other (please specify):

First Name:	Family Name:
Position:	Organisation:
Street Address:	
Suburb:	Postcode:
Mobile Number:	Email (work):

Discipline (please select from the following):

☐ 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) .....

Once complete, please submit this form by email to **membership@anzchog.org**
Please be sure to copy your nominator/s into the email.