



ESA Membership Application Form

Please PRINT and return this completed form with PAYMENT

SOCIETY GOALS:

- To promote the advancement and dissemination of knowledge in endocrinology.
- To promote interest in and improve the clinical practice of endocrinology.
- To promote basic and clinical research into endocrinology.
- To hold scientific meetings of basic and clinical endocrinologists.

ELIGIBILITY:

Any medical graduate, scientist or health care professional with interests in endocrinology is eligible for membership of the Society. Nominations for membership must be accompanied by this completed form including the name of one proposer, and the first year's subscription fee. Student membership is available for bona fide full-time postgraduate students of an institute approved by Council.

 Please use neat, legible hand-writing!

Personal Details

TITLE:	
FULL NAME:	
POSTNOMINALS:	
POSTAL ADDRESS:	
PHONE:	
MOBILE:	
FAX:	
EMAIL:	<i>Please write clearly. Your email address will be used for regular communications from ESA and is also required for accessing the Members Area of the ESA website.</i>
DATE OF BIRTH:	
SEX:	<input type="radio"/> Male <input type="radio"/> Female

Membership Type and Payment

 Tick the Membership Type you are applying for.

		FEE
MEMBERSHIP TYPE:	<input type="radio"/> Australian Full Member	\$120.00
	<input type="radio"/> Australian Student Member	\$55.00
	<input type="radio"/> Overseas Full Member	\$50.00
	<input type="radio"/> Overseas Student Member	\$50.00

G.S.T.

All amounts are in Australian Dollars. Only Australian fee types include 10% GST, overseas fees are exempt.

Paying by cheque or money order

To pay by cheque or money order please make it payable to: *ENDOCRINE SOCIETY OF AUSTRALIA*
Dishonoured cheques will incur a bank fee of \$25.00

Paying by Mastercard or Visa

Please ensure your credit card details are correct.


CARD TYPE:	<input type="radio"/> Mastercard <input type="radio"/> Visa
NAME ON CARD:	
CARD NUMBER:	_____
EXPIRY DATE:	__ / __

Member Profile Information

RACP FELLOWSHIP Are you a Fellow of the <i>Royal Australasian College of Physicians (FRACP)</i> ?	<input type="radio"/> Yes <input type="radio"/> No
---	--

 You can tick more than one appointment or activity

TYPE OF APPOINTMENT	ACTIVITIES
<input type="radio"/> Full-time salaried (hosp/inst/lab) <input type="radio"/> Academic (tenured) <input type="radio"/> Academic (non-tenured) <input type="radio"/> Private practice / self-employed <input type="radio"/> Research fellow/scientist <input type="radio"/> Research officer/scholar <input type="radio"/> Research student <input type="radio"/> Contract employment <input type="radio"/> Part-time salaried <input type="radio"/> Retired <input type="radio"/> Not currently employed Other:	<input type="radio"/> Research <input type="radio"/> Clinical practice <input type="radio"/> Clinical lab / assay development <input type="radio"/> Teaching <input type="radio"/> Administration / regulatory affairs Other:

MAIN CLINICAL / RESEARCH INTERESTS  List 3 keywords describing the topic of your main clinical or research interests	1.
	2.
	3.

PRIVACY AGREEMENT Do you agree to ESA forwarding your personal details to third parties in accordance with the ESA Privacy Policy? (www.endocrinesociety.org.au/privacy.htm)	<input type="radio"/> Yes <input type="radio"/> No
MEDICO-LEGAL CONTACTS AGREEMENT Do you agree to ESA forwarding your contact details to reputable medico-legal firms seeking expert opinions/reports?	<input type="radio"/> Yes <input type="radio"/> No
PATIENT SUPPORT CONTACTS AGREEMENT Do you agree to ESA forwarding your contact details to patient support organisations concerned with speciality medical syndromes or diseases?	<input type="radio"/> Yes <input type="radio"/> No

Proposer

Your proposer must be a current member of the Society.

PROPOSER'S FULL NAME:	
------------------------------	--

Consistent with its goals and requirements, I hereby apply for membership of the Endocrine Society of Australia.

Signature: _____

Date: _____

Return this form with payment to:

Mail: Endocrine Society of Australia
 145 Macquarie Street
 SYDNEY NSW 2000
 Australia

Fax: +61 2 9251 8174