

TRANSPLANTATION SOCIETY OF AUSTRALIA AND NEW ZEALAND

ABN 90 796 930 798

145 Macquarie Street Sydney NSW Australia Phone: +61 2 9256 5461 Fax: +61 2 9241 4083
tsanz@racp.edu.au www.tsanz.com.au



T · S · A · N · Z

Tick one box

APPLICATION FOR TSANZ MEMBERSHIP

APPLICATION FOR ATCA/TSANZ MEMBERSHIP

APPLICATION FOR TNA/TSANZ MEMBERSHIP

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 new national privacy legislation, *The Privacy Amendment (Private Sector) Act 2001* effective 21 December 2001.

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 National 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 financial ordinary member

Name of Seconder: _____ **Signature:** _____

Must be 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**

Your application will be considered at the next meeting of the TSANZ Council