

Chief Executive Officer: Dr Mark Mackay
Secretary: Dr Paul Shilito
Public Officer: Dr Ubaid Shah



Administrative Office: c/o Royal Children's Hospital, 50 Flemington Road, Parkville, VIC 3052
Postal address: c/- Seed Events Pty Ltd, PO Box 2137, Glenelg, SA 5045
Telephone: + 61 3 9345 5661 **Fax:** +61 3 9345 5977 **Email:** admin@anzcns.org.au **Internet:** www.anzcns.org.au
ABN: 12146982452, **ACN:** 146982452

Australia and New Zealand Child Neurology Society Limited Subscription Notice and Tax Invoice

Membership Subscription Options (please tick) see explanation on page 2	Cost (GST exempt) see payment methods page 3
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- | | |
|------------------------------------|-------------|
| <input type="checkbox"/> Ordinary | AU\$ 360.00 |
| <input type="checkbox"/> Retired | AU\$ FOC |
| <input type="checkbox"/> Trainee | AU\$ 105.00 |
| <input type="checkbox"/> Overseas | AU\$ 200.00 |
| <input type="checkbox"/> Associate | AU\$ 105.00 |
| <input type="checkbox"/> Honorary | AU\$ FOC |

APPLICATION FOR MEMBERSHIP

To the Company Secretary
Australia and New Zealand Child Neurology Society Limited
Office: Royal Children's Hospital, Parkville, VIC 3052
Postal: c/- Seed Events Pty Ltd, PO Box 2137, Glenelg, SA 5045

I hereby apply for _____ membership of the above named company and provide the following information:

Title, Name, Surname: _____ Date of Birth: _____

Address: _____

Phone: _(_____)_____ Mobile: _____ Email: _____

Profession: _____ Place of Work: _____

I agree to be bound by the Constitution of the company. I agree / do not agree (*delete as applicable*) to my details being forwarded to the Australasian Neuromuscular Network (www.ann.org.au) for the purposes of also becoming a member of that organization.

Signed: _____ Date: _____

PAYMENT BY CREDIT /DEBIT CARD – PLEASE COMPLETE

Name on card: _____ Cards Accepted: Visa / Mastercard / American Express

Card Number: _____ Expiry Date: ____ / ____

Billing Address (if different): _____

Amount: AU\$ _____ Signature: _____

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Categories of Membership

Ordinary: a medical practitioner who devotes the majority of his or her time to the practice of paediatric neurology or any allied neuroscience, provided that such applicant is endorsed in writing by no less than two existing Members (of any type) of ANZCNS. An applicant for Ordinary Membership will be required to submit their curriculum vitae to the Company Secretary no less than six weeks prior to the ANZCNS annual meeting. Only an Ordinary Member is entitled to a vote at the annual meeting of ANZCNS.

Retired: on retirement from the medical profession or any allied neuroscience profession, an existing Member may elect, with the consent of the Board, to become a Retired Member of ANZCNS.

Trainee: any medical practitioner who is a trainee in the specialisation of neurology, paediatric neurology, neuropathology, or any other associated disciplines may apply to be a Trainee Member of the ANZCNS. An applicant for Trainee Membership will be required to submit their curriculum vitae to the Company Secretary no less than six weeks prior to the ANZCNS annual meeting and have their application endorsed by no less than two existing Members (of any type) of ANZCNS.

Overseas: any person who meets the criteria for an Ordinary Member, but practises the majority of his/her profession in a country outside Australia and New Zealand may apply for Overseas Membership.

Associate: at the election of the Board of Directors, any person who expresses a desire to contribute to, participate in, or assist the ANZCNS achieve its objects as set out in its Constitution may be deemed to be an Associate Member of the ANZCNS.

Honorary: Retired Members who are more than 5 years into their retirement can apply for Honorary Membership. Honorary Membership is otherwise through Board election.

ENDORSEMENT - NEW APPLICATIONS (Ordinary, Trainee, Overseas members)

We, the undersigned current Members of the Australia and New Zealand Child Neurology Society, propose that _____ (title, name, surname) be admitted as an Ordinary / Overseas (delete as applicable) Member of the Society. We are satisfied by virtue of his/her training and his/her character that he/she is a suitable person to be admitted to the above category of Membership and fully endorse his/her application.

Endorsed by: _____ Signed: _____
Print name

Dated: _____

Endorsed by: _____ Signed: _____
Print name

Dated: _____



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Payment Options

*** NO RECEIPTS WILL BE ISSUED, PLEASE KEEP A COPY OF THIS TAX INVOICE FOR YOUR RECORDS ***

By cheque (Australia): Please make cheques payable to A and NZ Child Neurology Society and return to ANZCNS at the above postal address. Please enclose your **original signed application** for membership.

Via Register Now: The link will be forwarded to you once your membership has been accepted. Please separately return **your original signed application for membership** by post to ANZCNS at the above postale address.

By credit card (Australia, New Zealand and Overseas): Please complete the credit card section and return the **original signed membership application** to ANZCNS at the above postal address.