



RANZCO Ordinary Associate Application Form

Contact Details

| | | | |
|---|------|------|-------|
| Title: | | | |
| First Name: | | | |
| Middle Name: | | | |
| Last Name: | | | |
| Preferred Name: | | | |
| Gender: | | | |
| Date of Birth: | | | |
| Home Address: | | | |
| Work Address: | | | |
| Other Addresses: | | | |
| Preferred address for RANZCO correspondence: | Home | Work | Other |
| Home Phone: | | | |
| Work Phone: | | | |
| Mobile: | | | |
| Email: | | | |

Qualifications

A copy of your CV is attached

Include details of all medical and postgraduate degrees, including examining bodies, where applicable:

| Degree | Date |
|--------|------|
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Contribution to or interest in Ophthalmology:

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Endorsement

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|--|---|
| | RANZCO requires that you are proposed and seconded by two RANZCO Fellows who are personally known to you and who can provide written references in support of your application. Written statements of support are enclosed. |
|--|---|

| Name of Proposer | Signature of Proposer | Date |
|------------------|-----------------------|------|
| | | |

| Name of Seconder | Signature of Seconder | Date |
|------------------|-----------------------|------|
| | | |

Declarations

Please tick

| | |
|--------------------------|---|
| <input type="checkbox"/> | I hereby apply for an Association with The Royal Australian and New Zealand College of Ophthalmologists as an Ordinary Associate. |
| <input type="checkbox"/> | I understand that such membership does not entitle me to use any additional letters after my name. |
| <input type="checkbox"/> | I undertake that upon admission as an Associate of RANZCO I will observe the provisions of the RANZCO Articles, Rules and By-laws. I have read and agree to adhere to the RANZCO Code of Conduct. |
| <input type="checkbox"/> | I understand the information collected on this form will be used in accordance with RANZCO’s Privacy Policy available at www.ranzco.edu |

Signature:

Date:

Payment

AUD 396.00 (incl. GST) for Australian applicants

AUD 360.00 (excl. GST) for New Zealand applicants

Payment can be made by:

Credit Card: Visa MasterCard

Card Number:

Cardholder’s Name:

Expiry Date: /

Please send this completed application form to:

RANZCO
Membership Services
94-98 Chalmers Street
Surry Hills NSW 2010 Australia
ranzco@ranzco.edu