

# APPLICATION FOR MEMBERSHIP OF ANZCHOG



Australian & New Zealand  
Childrens Haematology/Oncology Group

Australian and New Zealand Children's Haematology/Oncology Group, Incorporated (**ANZCHOG**)  
(incorporated under the *Associations Incorporation Act 2009* (NSW)).

I,.....(insert full name of applicant)

of.....(insert address)

apply to become an Ordinary Member of ANZCHOG. 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](http://www.anzchog.org)

## DECLARATION BY APPLICANT FOR MEMBERSHIP

**Please circle the most relevant answer to you.**

I warrant and represent to ANZCHOG that:

(a) I am registered as a medical practitioner in the Jurisdiction of .....(insert)  
and I practice in the area of children's blood diseases and/or cancer;

OR

(b) I am not a Doctor (as defined in the Constitution of ANZCHOG) however I have a continuing commitment to the research in, or treatment of, children's blood diseases and/or cancer as detailed further below.

### Details

If you answered (b), please provide further details:

.....  
.....

## NOMINATION BY ANZCHOG MEMBER

I, ..... of

.....(insert Institution) being an Honorary or Ordinary

Member of ANZCHOG support the nomination of ..... for

Membership of the Group.

.....  
Signature of ANZCHOG Member

## ACKNOWLEDGEMENT

**I acknowledge that, if there is any error or omission in the above warranties and representations, the Executive Council of ANZCHOG will have the right to, in its sole discretion, expel me as a member of ANZCHOG.**

.....  
Signature of Applicant

.....  
Date

.....  
Print name of Applicant

## 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.

### Personal Details:

First name			
Family name			
Please circle: Ms Mr Dr Other (please specify):			

### Contact Details:

Position			
Department			
Organisation			
Street Address			
Suburb		Postcode	
Telephone			
Email (work)			
Email (home)			

Correspondence will be sent via your work email unless you advise otherwise.

### Discipline: please circle

Paediatric Oncologist/ Haematologist	Mental Health Clinician (incl Psycho-oncology)	Data Manager/Clinical Research Assistant	Management/ Administration
Research Scientist	Radiation Specialist	Pharmacist	Nurse
Surgeon	Dietician	Social Worker	
Therapist (please specify) _____			
Clinician - Other (please specify) _____			
Other (please specify) _____			

**ANZCHOG has established special interest groups to develop specific areas within the paediatric cancer field: please circle any groups of interest**

Bone Marrow Transplant	Radiation Oncology	Clinical Research Associates
Nursing	Psycho-oncology	CNS Tumours
Leukaemia/Lymphoma	Long Term Follow Up	Solid Tumours

Submit to the ANZCHOG office at [membership@anzchog.org](mailto:membership@anzchog.org) or fax to (03) 9902 4810.