

The Australian & New Zealand Society of Craniomaxillofacial Surgeons

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Councillor: *Glen Bartlett*

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APPLICATION FOR ASSOCIATE MEMBERSHIP 2011

“Associate Members shall include oral and maxillo surgeons, cleft surgeons and other surgeons who participate in or who have contributed to the understanding or treatment of disorders of the craniofacial region”

LAST NAME: FIRST NAMES:

ADDRESS:
.....
.....

COUNTRY: BIRTHDATE:

TELEPHONE: FAX:

EMAIL ADDRESS: WEBSITE ADDRESS:.....

QUALIFICATIONS:.....

EXPERIENCE.....
.....
.....

NAME OF KEY SPONSOR:.....

SIGNATURE of key sponsor:.....

NAME OF CO-SPONSOR:.....

SIGNATURE of Co-sponsor.....

Please note:

- *A candidate for Associate membership must be sponsored and co-sponsored by members of the Society who personally know the candidate (ref section 30a of the Constitution).*
- *Nominations for membership must be made in writing by two members of the Society, of whom one must be an Active member (Ref 30b of the Constitution).*
- *Active members can act as a key sponsor for only one candidate, but may co-sponsor any number of candidates, in any one year (Ref section 31 of the Constitution).*

Fax application to: ANZSCS Secretariat: +64 4 570 9510