



Australian and New Zealand Association of Paediatric Surgeons Inc

Royal Australasian College of Surgeons
250-290 Spring Street
EAST MELBOURNE VIC 3002

Australia

T: +61 3 9249 1183

E: college.anzaps@surgeons.org

www.anzaps.org

NOMINATION FOR MEMBERSHIP

I of

being a member of the above named Association, hereby nominate

of

for a membership of the

Australian and New Zealand Association of Paediatric Surgeons

Signed
(signature of Appointee) Date

Signed
(signature of Nominator) Date

NOMINEE DETAILS

Full Name (including Title)

Credentials/Degree

Correspondence Address

Preferred Telephone Number

Alternative Number

Preferred Email

Current Employer

Current Position



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QUALIFICATIONS

Qualification	Year Awarded	Institution

CURRENT MEMBERSHIP OR COMMITTEE/BOARD POSITIONS

Name of Body	Term (dates)	Role (chair, member, etc)

MAJOR CLINICAL AND RESEARCH INTERESTS

Please provide a brief outline of any major clinical and research interests

CONSENT

- By becoming a member you agree to uphold the principals, values and constitution of ANZAPS.
- I consent to allow the Executive committee (including my State Representative) to contact me via email or phone.
- I consent to my full name, credentials, employer/s, preferred email and photo to be **publicly displayed** on the ANZAPS website.
OR
- I consent to my full name, credentials, employer/s, preferred email and photo to be **displayed on the Members Forum** on the ANZAPS website.
OR
- I consent to my full name, credentials, employer/s, preferred email and photo to be **displayed publicly and on the Members Forum** on the ANZAPS website.

TO SUBMIT

Please email your nomination to: College.Anzaps@surgeons.org along with a headshot in jpg. or png. format to be displayed on your Members profile.