

CATEGORY OF MEMBERSHIP (Please select one)

Full Membership

Affiliate Membership

Associate Membership

Retired Membership

DEMOGRAPHICS AND PERSONAL DETAILS

Title:		First Name:	
Surname:		Other/middle names:	
Date of birth:		Gender	
Mailing address:			
State/Region/Island:		Post Code:	
Email address:			
Phone Number:		RACS Fellowship ID	

PROFESSIONAL DETAILS

Primary position:							
Institution:							
Year commenced Consultant Practice							
PUBLIC HOSPITALS							
Status of Appointment:		Academic		VMO		Staff	Other:
Unit type:		General		Breast		Plastics	Other:
Position in Unit		Head		Deputy		Member	Other
PRIVATE HOSPITALS							
Status of Appointment:		Academic		VMO		Staff	Other:
Unit type:		General		Breast		Plastics	Other:
Position in Unit		Head		Deputy		Member	Other

QUALIFICATIONS: please indicate Degrees, Diplomas, FRACS and other Affiliations

Year Awarded	Qualification	Awarding Institution

BREAST FELLOWSHIP

	Year commenced	Institution	Country
Year 1			
Year 2			
Year 3			

Date completed:

Breast Surgery Presentations/Honours/Prizes (please provide details for previous five (5) years only)

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CONTINUING PROFESSIONAL DEVELOPMENT (Breast Surgery)

Please provide details of any national or international breast specific workshops, conferences, or educational events attended in the past five (5) years

BreastSurgANZ Level 1 Oncoplastic Breast Surgery Workshop	Yes	No	Year
BreastSurgANZ Level 2 Oncoplastic Breast Surgery Workshop	Yes	No	Year

OTHER (Please Specify)

Workshop/Conference	Year attended

REFEREES:

(Please ensure you attach two (2) letters of support from your referees who must be full financial BreastSurgANZ members. Letters should be addressed to the Executive General Manager, BreastSurgANZ. Email references are not accepted)

REFEREE 1

Name:		Position:	
Email:		Contact no.:	

REFEREE 2

Name:		Position:	
Email:		Contact no.:	

DECLARATION BY APPLICANTS

I wish to apply for membership of Breast Surgeons of Australia and New Zealand Incorporated (*BreastSurgANZ*) and agree to be bound by the Articles of Association of the Society. I acknowledge I have read the current BreastSurgANZ Membership Policy and agree to comply with the requirements of Membership as summarised below:

- Maintain current registration as a specialist in my health jurisdiction
- Maintain registration as a specialist Surgeon to RACS or international RACS equivalent, and to notify the Society immediately if your medical registration is suspended or cancelled
- Undertake full involvement in and compliance with the BreastSurgANZ Breast Quality Audit (BQA) processes and standards in the Membership policy as applicable to your membership category
- Provide evidence (if requested) of Continuing Medical Education in breast disease, including attending a related meeting every two (2) years
- Ensure payment of your annual fee for membership. As per the BreastSurgANZ Constitution memberships will be suspended following 12 months of non-payment and membership will be terminated if membership remains unpaid for 24 months.

Please ensure you have read the **BreastSurgANZ Constitution** and **Membership Policy** before submitting your application. By submitting and signing this application you are consenting to be bound by the BreastSurgANZ Constitution and the rules associated with membership of the Society.

Signature:		Date:	
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APPLICATION SUBMISSION

Please submit the BreastSurgANZ Membership Application Form together with:

- a current CV, and
- written references from two current, full, financial BreastSurgANZ members

Please return your membership application to the Executive General Manager, BreastSurgANZ via email at E: enquiries@breastsurganz.org

APPLICATION PROCESS

Completed applications will be considered by the Society's Membership Committee at the first meeting following receipt of all required paperwork in accordance with the Terms of Reference approved by Council. You may be asked for additional information in support of your application and will be notified of the outcome as soon as possible.

Successful applicants will be invoiced for membership fees for the current financial year.

To avoid delay in processing of applications, please ensure all information is provided at the time of submission.

Please email enquiries@breastsurganz.org should you have any queries or require any further information about this process.