

INTERNAL MEDICINE SOCIETY OF AUSTRALIA AND NEW ZEALAND
145 Macquarie Street, Sydney, 2000
Telephone: +61 2 9256 9630 Fax: +61 2 9247 7214 Email: imsanz@racp.edu.au

APPLICATION FORM - ASSOCIATE MEMBERSHIP – NEW ZEALAND

Please complete and return to the above address with brief resume and membership fee of AUD\$55.00

Registered Healthcare Professional (non RACP Fellow)

Date: _____

Surname: _____ Given Names: _____

Preferred Title _____ Current Position _____

Work Address: _____

Home Address: _____

Preferred mailing address: _____ Work / Home **(please circle)**

Telephone: Work: () _____ Home: () _____

Mobile: _____

Email: Work: _____ Home: _____

Date of Birth: _____ Gender: Male / Female **(Please circle)**

Qualifications: _____

Institutions of Affiliation: _____

Professional Group/Body Registration No. _____

Details of Current Practice/Sub-specialties/Professional Interest _____

I wish to pay **AUD55.00** by credit card (please complete the following)

Name of Cardholder (as recorded on card) _____

Card Number _____ CCV _____ On back of card

Expiry date _____ Visa / Mastercard **(please circle)**

Signature: _____

See over 

Please note, this section MUST BE COMPLETED BY EACH MEMBER as a National Legislative requirement.

THE PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2001

The IMSANZ complies with the National Privacy Legislation, which came into effect on 21 December 2001. In accordance with the Society's privacy policy (*please refer to the IMSANZ website www.racp.edu.au/imsanz or the November 2002 newsletter for details*) please complete the following:

- I authorise** my contact details, ie work address, telephone number, fax number and email address to be published in the 'Directory of Members' distributed to IMSANZ members and related third parties only or available on our Members' only section of our website.
- I do not authorise** my contact details, ie work address, telephone number, fax number and email address to be published in the 'Directory of Members' distributed to IMSANZ members and related third parties only.

I agree that this authorisation can be changed by me at any time, but only with my written authority.

Signature of Member _____

PRIVACY POLICY 2001

The IMSANZ complies with the new national privacy legislation, *Privacy Amendment (Private Sector) Act 2001*, effective 21 December, 2001.

Personal information about members, as defined by the Act, must be accurate, complete and up-to-date and may only be disclosed to other members and related third parties, if the Member has authorised the IMSANZ to do so and only for the purpose covered by the authority given. All personal information, as defined by the privacy legislation, supplied to the IMSANZ will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles.

Such authorisation must be given in writing and remains while the member is an 'Active Member' or the authority is revoked, in writing, by that member.

IMSANZ members may check the accuracy of, and update, their personal details at any time, however identity must be verified by providing IMSANZ staff with the member's date of birth and middle name.

The IMSANZ requires third parties who request personal information to apply in writing, stating the purpose for which it is to be used and to declare that it too has a compliant privacy policy. Each request is assessed, and if it is judged to be of value to Members, it may be acceded to.

For further details please refer to the IMSANZ Privacy statement on the web at www.imsanz.org.au or in the November 2001 newsletter. If you require the complete policy document please email the secretariat on imsanz@racp.edu.au for a copy.

Nick Buckmaster
IMSANZ President