

INTERNAL MEDICINE SOCIETY OF AUSTRALIA AND NEW ZEALAND
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APPLICATION FORM – FULL MEMBERSHIP – NEW ZEALAND

Please complete and return to the above address with brief CV and membership fee of AUSTRALIAN DOLLARS \$220. PLEASE PRINT CLEARLY, especially email address

Date: _____ RACP No: _____ (if applicable)

Surname: _____ Given Names: _____

Preferred Title: _____ Current Position: _____

Work Address: _____

Home Address: _____

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

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

Mobile: _____

Facsimile: Work: (____) _____ Home: (____) _____

Email: Work: _____

Home: _____

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

Qualifications: _____

Institutions of Affiliation: _____

Details of Current Practice/Professional Interest: _____

Please list your subspecialty interests if any: _____

I enclose my cheque for of **AUD220** (please ensure cheque is in Australian Dollars)

OR

I wish to pay **AUD220** by credit card - please complete the following

Name of Cardholder (as shown on card) _____

Card Number _____

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

Signature: _____

THE PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2001

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

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 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 in 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.

Alasdair MacDonald
President IMSANZ

Nick Buckmaster
Hon Secretary