

An Associate Member of ANZPNA is a trainee in pediatric nephrology who will receive notices and circulars but will be ineligible to vote and will not be levied fees.

An Honorary Member of ANZPNA is a medical practitioner who has made a substantial contribution to paediatric nephrology in Australia & New Zealand and whose application has been approved by the Annual General Meeting of the ANZPNA. They will receive notices & circulars, be eligible to vote, but not levied fees.

A Full Member of ANZPNA is a medical practitioner who has a substantial involvement in paediatric nephrology, be eligible for nomination to be admitted to membership of the ANZPNA. They will receive notices, circulars and be eligible to vote, and will be levied fees.



Australian & New Zealand Paediatric Nephrology Association

**APPLICATION FOR MEMBERSHIP**

Title: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address for correspondence:  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_

Telephone: (after hours – optional): \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Medical Registration: State ..... Date: .... / .... / .....

Registration Number: \_\_\_\_\_

Nominated by:

Seconded by:

\_\_\_\_\_  
 Signature:.....

Applicants qualifications:

	Qualification	Conferring Institute	Month & Year conferred
Undergraduate Education			
Postgraduate education			
Higher qualifications			

*Postgraduate experience in nephrology*

Appointment	Institute	Commencement date

*Current appointments:*

Appointment	Institute	Commencement date

*Membership of Professional Societies:*

.....  
 .....

If elected, I agree to abide by the Articles of Association and to pay my Annual Subscription so long as I shall remain a member

Signature: \_\_\_\_\_ Date: \_\_\_\_\_