



## MEMBERSHIP APPLICATION FORM

Australian New Zealand Society of Paediatric Otorhinolaryngology (ANZSPO)

Name \_\_\_\_\_

Address \_\_\_\_\_

Rooms Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Paediatric Experience \_\_\_\_\_

Special Interests \_\_\_\_\_

Hospital Attachments \_\_\_\_\_

In accordance with the new Constitution, new members are required to be nominated by two current ANZSPO members. Please complete below.

Nominator Name \_\_\_\_\_ Signed \_\_\_\_\_

Seconded by \_\_\_\_\_ Signed \_\_\_\_\_

Please forward your application to the ANZSPO Secretariat  
Consec - Conference Management  
PO Box 3127  
BMDC ACT 2617

Telephone: +61 2 6251 0675 Facsimile: +61 2 6251 0672 Email: [anzspo@consec.com.au](mailto:anzspo@consec.com.au)

You will be informed of acceptance by e-mail