AUSTRALIAN & NEW ZEALAND ORTHOPAEDIC RESEARCH SOCIETY

ABN 51 909 287 273

2008 Member Registration

Membership Only Form

Title:_____ Name:_____

Address:_____

State:_____ Postcode:_____ Institution:_____

Your position:_____ Area of Interest:_____

_____

Email:_____

Telephone No. (Work):_____ Fax:_____

Student Registration:
If you are a student, your supervisor's name:_____

Student Membership	**$AUD45.00**	☐
Full Membership	**$AUD90.00**	☐

Payment:
Enclosed please find my cheque/money order to the sum of:

Cheques and money orders should be made payable to: ***'Australian and New Zealand Orthopaedic Research Society'***

Or, *please charge my credit card:*

☐ **VISA** ☐ **Mastercard** **with the amount of: $** _____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiry Date:** ☐☐☐☐

Cardholder's Name: _____**Cardholder's Signature:**_____

ANZORS is not registered for GST. This account is GST exclusive.

PLEASE CHECK THAT YOU HAVE COMPLETED ALL THE RELEVANT DETAILS AND SEND THIS FORM WITH YOUR PAYMENT TO:

Lesley Gasmier
UWA Orthopaedic Surgery
Level 2, M Block
QEII Medical Centre
Monash Avenue
NEDLANDS WA 6009

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