

Application for MEMBERSHIP



Digestive Health Foundation

Research

Australian Liver Association

Australian Gastrointestinal Endoscopy Association

Australian Inflammatory Bowel Disease Association

Please send your completed application form to the GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA PO Box 508, Mulgrave VIC 3170

FACSIMILE APPLICATION FORMS WILL NOT BE ACCEPTED

CHECKLIST (Please ✓)

All applicants:

- I meet the criteria for the category of membership applied for
- I have completed all sections of the form.
- I have nominated the relevant Associations that cover my area of interest and selected the one in which I wish to be a voting member.
- I have included the application fee of \$55.00 which includes GST (note: this fee is non-refundable)
- I have made my cheque payable to GESA and crossed it not negotiable or completed credit card details
- I have signed and dated the application form.
- Two financial members of the Society have Proposed and Seconded my application.
- I have attached a certified copy of my qualifying degree and any specialist degree
- I do not wish to receive Society approved mailouts
- I do not wish to be included in the Membership Directory
- Admission as an Advanced Trainee.**
- My supervisor has signed the relevant section

OFFICE USE ONLY

Date Received	
Acknowledgment Sent	
Date application approved	
Category	
Offered membership	
Subscription Received	
Entered on Database	
Website Access	
File	

DO NOT SEND ORIGINAL DOCUMENTS

Title: _____

Last Name: _____

First Name: _____

Date Of Birth: _____

Mailing Address: _____

Postcode: _____

Telephone: _____ Facsimile: _____

E-mail Address: _____

Business Address: _____

Postcode: _____

QUALIFICATIONS & EXPERIENCE

Degrees: _____

Diplomas: _____

CURRENT POSITION

Percentage of time spent in:

Research: _____ %

Teaching: _____ %

Clinical Practice: _____ %

Gastroenterology _____ %

THIS SECTION PERTAINS TO CLINICIANS (please tick)

Physician

Surgeon

Paediatrician

Radiologist

Other (Please specify) _____

Registered Office
PO Box 508
Mulgrave VIC 3170

T. 1300 766 176
T. (03) 9001 0279
F. (03) 9802 8533

Email:
gesa@gesa.org.au

Website:
www.gesa.org.au

Application for MEMBERSHIP

continued



ADVANCED TRAINEE IN GASTROENTEROLOGY

Year in which Fellowship is expected to be attainable:

(Notification of obtaining Fellowship must be forwarded when applicable)

This is to certify that:

is an Advanced Trainee

Supervisor's Name:

Signature:

CRITERIA FOR MEMBERSHIP

Full member

Medical Practitioner – Practising in the fields of gastroenterology (medicine or surgery) or a related discipline.

Advanced Trainee – Registered trainee in gastroenterology, hepatology or gastrointestinal surgery.

Science Graduate – Carrying out research in the field of gastroenterology with no clinical practice.

Associate member

Medical Practitioner or other health professional that may not meet the criteria for ordinary membership may apply under this category.

CATEGORY OF MEMBERSHIP FOR WHICH YOU ARE APPLYING (Please ✓ selection)

Medical Practitioner (Full member)

Advanced Trainee

Science Graduate (No Clinical Practice)

Associate member

PAYMENT METHOD

By bank draft, cheque or money order in Australian dollars only, mailed to: 145 Macquarie Street, Sydney, NSW 2000, or:

Card: Visa Mastercard Card Number: Amount \$55.00

Name on Card: _____ Expiry Date: _____ Signature: _____

FEES & SUBSCRIPTIONS

Council sets the fees & subscriptions. GST is payable on all fees.

Subscriptions cover the financial year (i.e. 1 July - 30 June). Renewal notices are circulated in July each year and members whose subscriptions remain outstanding at 31 December will cease to receive the benefits of membership until all outstanding fees have been received.

Please indicate the Association of the Society pertaining to your main area of interest, to which you want to be affiliated.

NOTE: Sub-affiliation is not compulsory

Members may belong to as many Associations as they wish but may only hold voting rights for one.

	INTEREST	VOTING RIGHT Choose (1 only)
Australian Liver Association	<input type="checkbox"/>	<input type="checkbox"/>
Australian Gastrointestinal Endoscopy Association	<input type="checkbox"/>	<input type="checkbox"/>
Australian Inflammatory Bowel Disease Association	<input type="checkbox"/>	<input type="checkbox"/>

Proposer (Name):

(Financial Member)

Signature:

Date:

Seconder (Name):

(Financial Member)

Signature:

Date:

Applicant's Signature:

Date:

APPLICATION PROCESS

Applications for membership are assessed at each meeting of the Executive Committee. These meetings normally take place every two months. Applications for assessment close fourteen days prior to each meeting.