

Instructions to complete Authorisation and Declaration Form

1. In accordance with the constitution of the TSANZ, the membership application must be supported by a **Proposer and a Second**, both of whom are **CURRENT FINANCIAL ORDINARY MEMBERS OF TSANZ**
2. Please send the completed form (along with the requested evidence) by email to TSANZOffice@thoracic.org.au
3. Once this **form** has been received and verified by the TSANZ Office and **payment** for membership registration has been completed, your membership application will be presented to the TSANZ Board for endorsement. You will then have members' access to membership benefits
4. Payment is to be completed online through the TSANZ Website
5. Board meetings are held in February, April, June, August, October and December every year
6. If you are not in a position to obtain two Ordinary members to nominate and second your application, then an email enquiry, along with a copy of a CV should be sent to TSANZ Office via email TSANZOffice@thoracic.org.au

Membership Category (tick relevant boxes)

Ordinary: is a legally qualified medical practitioner, scientist or other health professional who has received appropriate postgraduate training and qualifications in respiratory medicine, sleep medicine, thoracic surgery or related fields. Ordinary membership also applies if, in the opinion of the Board, the person has made a worthwhile contribution to the study or practice of respiratory medicine, sleep medicine, thoracic surgery or related fields. Ordinary membership also requires that eligibility requirements are met and that the application to join is approved according to the Constitution. Fellows of the RACP are Ordinary members.

Ordinary (with income < AUD\$105,000 per annum): meets the above criteria to be an ordinary member but earns less than AUD\$105,000 per year.

***Please note:**

Sleep/Respiratory medical practitioners require FRACP status. Medical practitioners in other fields are required to be a Fellow of a relevant College e.g. FRACGP

Non-medical practitioners, including allied health and scientists are required to hold a relevant post graduate qualification. The Board considers the following qualifications meet this criteria: relevant PhD, relevant Masters, BRPT or CRFS. For clinical specialty roles the Board *may* consider a relevant post graduate clinical qualification. If you are in doubt about the eligibility of your qualification, please contact the office for assistance.

Associate: is a legally qualified medical practitioner, or other health professional or other suitably qualified person who is interested in respiratory medicine, sleep medicine, thoracic surgery or related fields who does not meet the requirements to become an ordinary member but does satisfy eligibility requirements and whose application to join is approved according to the Constitution. Associate members do not have voting rights. Advanced Trainees are Associate members whilst training. On completion of training and becoming a FRACP, the membership category must be changed to Ordinary by the member.

Student: is a member who is enrolled in a recognised tertiary institution in Australia or New Zealand studying full-time to become a medical practitioner, scientist or other health professional, with an interest in respiratory medicine, sleep medicine, thoracic surgery or related fields who meets membership eligibility criteria and whose application is approved according to the constitution.

Corporate: is applicable to any member currently employed in a full or part-time capacity by an organisation which is a financial sponsor of TSANZ. Corporate members have access to full member benefits except that they do not have voting rights and are not eligible to stand for elections or hold office.

Overseas: is a member who does not reside in Australia or New Zealand and who: (a) is a legally qualified medical practitioner, scientist or other health professional who has received appropriate postgraduate training and qualifications in respiratory medicine, sleep medicine, thoracic surgery or related fields; or (b) in the opinion of the Board has made a worthwhile contribution to the study or practice of respiratory medicine, thoracic surgery or related fields. They must meet the eligibility requirements set out in clause 6.12 of the Constitution and has had their application for Membership approved in accordance with the Constitution. Overseas members are non-voting members and are not eligible to apply for awards.

Confirm Evidence (tick relevant boxes)

<input type="checkbox"/> For OVERSEAS applicants (outside Australia or New Zealand): I have provided the requested evidence of my qualifications and profession.
<input type="checkbox"/> For all applicants for membership category <u>Ordinary with income < AUD\$105,000 per annum</u>: I have provided the requested evidence to support my application by sending in a copy of document that confirms <u>my annual income</u> .
<input type="checkbox"/> For all applicants for membership category <u>Student</u>: I have provided the requested evidence to support my application by sending in a copy of document that confirms <u>my current enrolment as a full-time student</u> .

To be completed by Proposer and Secunder

Proposer Name: _____

Confirming that I am a Current Financial Ordinary Member of TSANZ.

I support _____ application to be a Thoracic Society member and confirm that he/ she meets the criteria for a _____ membership category.

Signature: _____ **Date:** _____

Secunder Name: _____

Confirming that I am a Current Financial Ordinary Member of TSANZ.

I support _____ application to be a Thoracic Society member and confirm that he/ she meets the criteria for a _____ membership category.

Signature: _____ **Date:** _____

Declaration

I understand that:

- The Thoracic Society will keep my information according to its Privacy Policy and Privacy Statement
- I must pay my membership fees on time each year otherwise my membership will be closed
- I need to comply with the Constitution of the Thoracic Society to the best of my ability

I declare that the information I have provided within this application is true and accurate:

Your Name: _____

Signature: _____

Date: _____