



**RANZCO
Practice Manager Associate
Application Form**

Contact Details

Title:			
First Name:			
Middle Name:			
Last Name:			
Preferred Name:			
Gender:			
Date of Birth:			
Home Address:			
Work Address:			
Please list the name(s) of the RANZCO Fellows at the Practice:			
Other Addresses:			
Preferred address for RANZCO correspondence:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
Home Phone:			
Work Phone:			
Mobile:			
Email:			

Declarations

Please tick

<input type="checkbox"/>	I hereby apply for an Association with The Royal Australian and New Zealand College of Ophthalmologists as a Practice Manager Associate.
<input type="checkbox"/>	I undertake that upon admission as an Associate of RANZCO I will observe the provisions of the RANZCO Articles, Rules and By-laws. I have read and agree to adhere to the RANZCO Code of Conduct.
<input type="checkbox"/>	I understand the information collected on this form will be used in accordance with RANZCO's Privacy Policy available at www.ranzco.edu

Signature:

Date:

Payment

<input type="checkbox"/>	AUD 407.00 (incl. GST) for Australian applicants
<input type="checkbox"/>	AUD 370.00 (excl. GST) for New Zealand applicants

Payment can be made by:

EFT Deposit to RANZCO's Bank Account

Bank: Commonwealth Bank
Account Name: RANZCO
BSB: 062-016
Account Number: 0090 4644

Credit Card - Please note a credit card surcharge of 1% is applicable on amount paid

Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number:	
Cardholder's Name:	
Expiry Date:	

Please send this completed application form to:

RANZCO
Membership Services
94-98 Chalmers Street
Surry Hills NSW 2010 Australia
ranzco@ranzco.edu