



**RANZCO**  
**Practice Manager Associate**  
**Application Form**

<b>Title:</b>		
<b>First Name:</b>		
<b>Middle Name:</b>		
<b>Last Name:</b>		
<b>Preferred Name:</b>		
<b>Gender:</b>		
<b>Date of Birth:</b>		
<b>Preferred address for RANZCO correspondence:</b>	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other	
<b>Home Address:</b>		
<b>Work Address:</b>		
<b>Other:</b>		
<b>Please list the name(s) of the RANZCO Fellows at the Practice:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile:</b>
<b>Email:</b>		
<b>Are of Aboriginal, Torres Strait, Aboriginal and Torres Strait, Pasifika or Maori heritage:</b> <i>(Please tick, if applicable)</i>		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Pasifika	
<input type="checkbox"/> Torres Strait	<input type="checkbox"/> Maori	
<input type="checkbox"/> Aboriginal and Torres Strait		

**Declarations**

Please read and 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 <a href="http://www.ranzco.edu">www.ranzco.edu</a>

Signature: .....

Date: .....

**Payment**

<input type="checkbox"/>	<b>Total: AUD 533.50</b> (incl. GST) for Australian applicants <i>Breakdown: 405.00 membership fee + 80.00 joining fee + 48.50 GST</i>
<input type="checkbox"/>	<b>Total: AUD 485.00</b> (excl. GST) for New Zealand applicants <i>Breakdown: 405.00 membership fee + 80.00 joining fee</i>

**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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's Name:	
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Please send this completed application form to:

RANZCO  
 Membership Services  
 94-98 Chalmers Street  
 Surry Hills NSW 2010 Australia  
[ranzco@ranzco.edu](mailto:ranzco@ranzco.edu)