



ASOHNS

THE AUSTRALIAN SOCIETY OF  
OTOLARYNGOLOGY HEAD AND  
NECK SURGERY LTD

ACN 002 977 102

## APPLICATION FOR ORDINARY MEMBERSHIP

Suite 403 – Level 4  
68 Alfred Street  
Milsons Point  
New South Wales 2061  
AUSTRALIA  
Telephone: +61 2 9954 5856  
Facsimile: +61 2 9957 6863  
Email: [members@asohns.org.au](mailto:members@asohns.org.au)  
Web: [www.asohns.org.au](http://www.asohns.org.au)

Thank you for your interest in becoming a member of the Australian Society of Otolaryngology Head and Neck Surgery.

### Advantages of Membership

Society members' interests are represented exclusively on a number of statutory, regulatory and affiliated bodies and, in conjunction with the Royal Australasian College of Surgeons, provides a nationwide training program for future OHN surgeons.

Continuing Professional Development resources for Members include an Annual Scientific Meeting as well as regular lectures, seminars and workshops and unrestricted access to the Society's website, which includes:

- opportunities to engage with other members through discussion forums
- the online newsletter
- news updates, case studies and information on relevant forthcoming events held in Australia and overseas

Members receive free online access to the *Journal of Laryngology & Otology (JLO)*, which publishes the Australian Journal of Otolaryngology as a six-monthly supplement. (A hard copy of the supplement is also mailed to all members).

Being a financial Ordinary member of the Society entitles you to vote and allows you to be an office-holder in any of the sub-entities (i.e. state branches, Council sub-committees and ASM organising committees).

### Application Process

To process your application you need to secure a 'Proposer' and 'Seconder' (each of whom must be a financial Ordinary Member or Life Member). Please ensure that all relevant sections are completed before submitting it.

We recommend that you retain a copy of your application. The Society's head office should confirm receipt of your application. If you do not receive this notification within two weeks of posting it, please contact us.

Once received, your application will be processed through your State Section Executive and then the Federal Executive. Please allow a minimum of six weeks for this to occur.

We look forward to receiving your application. If you have any further questions on the process please contact the ASOHNS HQ on:

Tel: +61 2 9954 5856

Fax: +61 2 9957 6863

Email: [members@asohns.org.au](mailto:members@asohns.org.au)



**The Australian Society of Otolaryngology Head & Neck Surgery**  
**Application for ORDINARY Membership in \_\_\_\_\_ [STATE]**

**1. Information for Applicants:**

- Applications with insufficient information may be returned, which will delay processing. Please ensure that all conditions are met before submitting your application. It is important to complete all sections of this form, as this is the document used for circulation to your State Executive and the Federal Executive.
- Responses should be clearly printed. If space is insufficient, please attach extra pages.
- Applications for Ordinary membership must be Proposed and Seconded by two financial Ordinary members of the Society.
- Please return your completed application form to:  
 ASOHNS Limited, Suite 403, Level 4, 68 Alfred Street, Milsons Point NSW 2061  
 Fax: (02) 9957 6863      Email: members@asohns.org.au

**2. Applicant Details**

|  |                                    |
|--|------------------------------------|
| Family Name:   | Gender:                      F / M |
| Given Names:   | DoB:                               |
| Name Trained Under:<br><i>(if different from name on your FRACS)</i> |                                    |

**3. Contact Details**

|   |                       |        |                          |
|---|-----------------------|--------|--------------------------|
| <b>Main Practice Details</b>                | Address:              |        |                          |
|   | Suburb:               | State: | Postcode:                |
| Phone:                                      | Fax:                  | Email: |                          |
| <b>Residential Details</b>                  | Address:              |        |                          |
|   | Suburb:               | State: | Postcode:                |
| Phone:                                      | Mobile:               | Email: |                          |
| <b>Preferred Address for Correspondence</b> | Practice Address: YES |        | Residential Address: YES |
|   | Other Address:        |        |                          |
|   | Suburb:               | State: | Postcode:                |

**4. Qualifications (Please specify institutions and year)**

|  |  |
|--|--|
| Graduation:<br><i>(eg MB, BS)</i>                |  |
| Post Graduate<br>OHNS<br><i>(eg, DLO, FRACS)</i> |  |
| Other Degrees:                                   |  |
| Honours & Awards                                 |  |



**The Australian Society of Otolaryngology Head & Neck Surgery**  
**Application for ORDINARY Membership in \_\_\_\_\_ [STATE]**

**5. Training Details** *(Please specify positions in months and years)*

|                       |                     |                     |
|-----------------------|---------------------|---------------------|
| Country Where Trained |                     |                     |
|                       | Training Commenced: | Training Completed: |

**Whole Time Teaching ORL-HNS Posts:**

| Dates: | Hospital Name & Position |
|--------|--------------------------|
|        |                          |
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**Other Training Posts & Post Graduate Placements:**

| Dates: | Hospital Name & Position |
|--------|--------------------------|
|        |                          |
|        |                          |
|        |                          |
|        |                          |

|                               |              |
|-------------------------------|--------------|
| <b>Applicant's Signature:</b> | <b>Date:</b> |
|-------------------------------|--------------|

This application is not acceptable unless you have verified that all preceding statements are correct.

**6. Proposer & Seconder Details**

|                       |        |
|-----------------------|--------|
| Proposer's Name:      | State: |
| Proposer's Signature: | Date:  |

*I have verified the statements initialled above and I believe that they meet the requirements of the Australian Society of Otolaryngology Head and Neck Surgery for Ordinary Membership.*

|                       |        |
|-----------------------|--------|
| Seconder's Name:      | State: |
| Seconder's Signature: | Date:  |

*I have verified the statements initialled above and I believe that they meet the requirements of the Australian Society of Otolaryngology Head and Neck Surgery for Ordinary Membership.*

**7. State Approval**

|                   |                         |       |
|-------------------|-------------------------|-------|
| YES / NO          | Name of person signing: |       |
| Secretary / Chair | Signature:              | Date: |