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## **APPLICATION FOR MEMBERSHIP**

### **INFORMATION SHEET**

Society membership is for anyone with a professional interest in the practice of blood transfusion and related medical therapies. It can extend from those involved in donor recruitment through to the clinical, scientific and nursing care of recipients, and may also include those involved with organ and tissue banking.

Benefits of membership include:

- access to the Society's website in particular the members only area where members have access to electronic on-line journals and special interest group forums. Currently the on-line journals are '[Transfusion](#)', '[Transfusion Medicine](#)', '[Vox Sanguinis](#)' and '[Therapeutic Apheresis](#)'. The society is also looking at adding further prestigious on-line journals in the near future.
- reduced rates to attend the [Annual Scientific Meeting \(ASM\)](#) that the Society organises each year. This is a residential 3-4 day meeting during which the Annual General Meeting for business takes place.
- access to a number of travel grants to assist in attending the ASM, the CSL Travel Award, and the Peter Schiff Award

The ASM offers opportunities for members to present their work and experience in the form of short oral presentations or posters. Its highlights are the [Ruth Sanger Oration](#), and the [Presidential Symposium](#) where the top ranked abstracts are presented and judged. The winning presentation receives a monetary award.

An extensive commercial exhibition allows detailed contact with companies which supply equipment and reagents for all transfusion purposes.

Members and exhibitors can meet socially, particularly at the Annual Dinner held at each ASM. Members can attend the ASM at reduced rates.

The Society has a Council whose members are elected to serve 2 year terms, renewable for a further 2 terms and its executive officers are the President, Honorary Secretary and Honorary Treasurer plus three other councillors. Council also co-opts other society members from time to time on matters of current relevance to the society's affairs.

There are currently three standing committees established in 2007 to deliver the objectives of the ANZSBT strategic plan and assist in priority setting of key issues.:

- a) Clinical Practice Improvement Committee (CPIC)
- b) Transfusion Science Standing Committee (TSSC)
- c) Education Standing Committee (ESC)
  - Members serve for a term of 2 years, renewable for a further 2 terms.
  - Council will call for nominations for the Standing Committees from the general society membership to fill vacancies arising at the end of the 2 year term.
  - Proceedings of these committees are reported to Council

## **CRITERIA FOR MEMBERSHIP**

### **1. MEMBER (Corporate)**

A person is eligible for membership of the Society as a 'Member' if he/she:

- a) demonstrates an interest in transfusion related activities, demonstrated by past experience or present involvement.
- b) subscribes to the vision and mission of the Society.
- c) abides by the rules of the Society.

For Council to assess applications under Clause (a), information should be provided on the extent of personal involvement in:

- the clinical or laboratory practice of transfusion medicine and/or immunohaematology
- or scientific and/or administrative responsibilities within a blood service provider, blood product manufacturer or government department dealing with blood or transfusion related matters
- or research in the field of transfusion medicine
- or any other occupational involvement relevant to the field of blood transfusion.

Please indicate, if relevant, the extent of personal contribution to papers, publications and other aspects relevant to the discipline.

### **2. CONCESSIONAL MEMBER (Non Corporate)**

A person shall be eligible for Concessional membership of the Society if he/she demonstrates that he/she is :

- a) a resident in a resource poor country
- b) or a student
- c) or is retired from remunerated work in the field.

Non corporate members are not eligible to vote at any General Meeting.

## **ELECTION OF MEMBERS**

Candidates for membership or concessional membership of the Society shall be proposed and seconded by financial members of the Society. Any such proposal shall be made upon the "Application Form". Please send subscription fees with this form. The fees are A\$90 for members and A\$40 for concessional membership (**These fees do not include the gst, which you need to pay if you are an Australian resident**). If you are refused membership this will be refunded.

After consideration of the candidate's qualifications and interest in the field of transfusion medicine, he/she may be declared an elected member or a concessional member of the Society by a majority vote of the Council.



Australian & New Zealand Society of Blood Transfusion Ltd

**THIS FORM VALID UNTIL OCTOBER 1<sup>ST</sup> 2011**

**APPLICATION FORM**

I hereby apply for **membership\*/concessional membership\*** of the Australian & New Zealand Society of Blood Transfusion Ltd.

*PLEASE INDICATE IN BOX IF YOU WISH TO BE PART OF THE APHERESIS INTEREST GROUP*

**PLEASE SEND PAYMENT WITH THIS APPLICATION. DETAILS OVERLEAF.**

If you are refused membership, the payment will be refunded.

\*Strike out which ever does not apply.

Please complete in **BLOCK LETTERS.**

● **NAME:** .....  
 (Family name) (Given names) (Title:Prof,Dr,Mrs,etc)

**Signature of applicant:** ..... **Date:**.....

**Work address:** ..... **Home address:** .....

.....  
 .....  
 ..... **Postcode:**..... **Postcode:**.....

**Phone:**..... **Fax:**..... **Phone:**..... **Fax:**.....

**Email:** ..... **Mobile:** .....

**Preferred mailing address:** Work  Home

● **PROPOSERS.**

I hereby propose the above applicant for membership. I am a current financial member of the ANZSBT.

**Name:** .....  
(Family name) (Given names) (Title:Prof,Dr,Mrs,etc)

**Signature of proposer:** ..... **Date:**.....

**Seconded by:** I hereby second the above applicant for membership. I am a current financial member of the ANZSBT.

**Name:** .....  
(Family name) (Given names) (Title:Prof,Dr,Mrs,etc)

**Signature of seconder:** ..... **Date:**.....

● **CURRICULUM VITAE**

Please enclose a summary CV (approximately 1-2 pages).

**Years of experience** .....

**Current Position** .....

**Qualifications** Medical .....Scientist.....Nurse.....Other .....

**Membership of other associations** .....

**PRIVATE SECTOR PRIVACY LEGISLATION**

The Australian and New Zealand Society of Blood Transfusion complies with the new national privacy legislation, *The Privacy Amendment (Private Sector) Act 2001*, effective 21 December 2001.

Personal information which Members provide or which has been provided prior to 21 December 2001 will only be used or disclosed by the Society in accordance with the National Privacy Principles, for purposes directly related to membership of the Society including providing Members with information about Society meetings and activities.

In such circumstances the Society will use all reasonable efforts to ensure that the recipient handles such personal information in accordance with appropriate privacy principles and only for the purpose for which it was provided.

Future requests for any Member to provide or update personal information will be accompanied by a request for the Member's consent for any disclosure of that information in accordance with the privacy legislation.

Ken Davis  
**President**

25 February 2004

- Please sign or indicate here if you **GIVE CONSENT** for your details to be included in the Membership List which is distributed to all members.

**TAX INVOICE**

**ABN: 32 107 937 717**

● **PAYMENT**

Cheques must be in AUSTRALIAN DOLLARS and made payable to **ANZSBT**.

Payment will be refunded if your application is unsuccessful.

- Membership.** A\$90                       **Concessional membership** A\$40

**Australian Residents: Subscription includes 10% GST**

- Membership.** \$99.00     **Concessional membership** \$44.00

**Overseas Residents:**

- Membership.** \$90.00     **Concessional membership** \$40.00

Please tick (4) appropriate box:    Mastercard     Bankcard     Visa

Card Number:        -     -     -

Name as it appears on Card: \_\_\_\_\_

Expiry Date:        \_\_\_\_ / \_\_\_\_

Total Payment:    A\$ \_\_\_\_\_

Signature:         \_\_\_\_\_

Date: \_\_\_\_\_