

OTC South Pacific Inc.

Membership Application Form

PLEASE PRINT YOUR DETAILS:

| TITLE: | | | |
|--|---|----------------------------|--|
| FIRST NAME: | | | |
| LAST NAME: | | | |
| POSITION: | | | |
| ORGANISATION: | | | |
| POSTAL ADDRESS: | | | |
| | | | |
| STATE: | POSTCODE: | | |
| COUNTRY: | | | |
| PHONE: | FAX: | | |
| MOBILE: | | | |
| EMAIL: | | | |
| SECONDARY EMAIL: | | _ | |
| PA's DETAILS (where applicable): | | | |
| I wish to apply to become a mem | ber of the OTC South Pacific unc | der the follow | ving category: |
| FULL MEMBER | (tick the box) | | Yearly Membership Fee 50 EUROS (waived) |
| that person, is equivalent to regist Please note all membership fees membership. To support my application (for Fuqualifications: | have been waived until further i | notice. There | is currently no charge for Full |
| ASSOCIATE MEMBER | (tick the box) | <u> </u> | Free of charge |
| To register as an Associate Memb | • | er than a ners | |
| Member, who is: a trainee surgeo practices in a place other than Au | n; a registered nurse; a scientist; | • | • |
| I agree to be bound by the Rules of (Terms and conditions) | of the OTC South Pacific Inc | | Please tick the box (required) |
| I agree to the terms of the OTC So | outh Pacific Privacy Policy | | Please tick the box (required) |
| I consent to my email address bei | | 1 | Please tick the box & an email |
| Pacific communications to me | o | | |
| | | | address is included (required) |
| NOTE: PLEASE CHECK THAT YOU I | HAVE TICKED ALL THE RELEVANT | | |
| NOTE: PLEASE CHECK THAT YOU I PROCESS YOUR APPLICATION On | _ | BOXES ABO | |
| | ce complete, please forward this | F BOXES ABOY s form to: | VE OR WE WILL BE UNABLE TO |