

## 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 member	er of the OTC South Pacific und	nder the following category:
FULL MEMBER	(tick the box)	Yearly Membership Fee 50 EUROS (waived)
qualification which the Committee	determines generally or in relate e all membership fees have be ership.	an College of Surgeons (FRACS) or has a setion to that person, is equivalent to seen waived until further notice. There is closed or included details of my
ASSOCIATE MEMBER	(tick the box)	Free of charge
To register as an Associate Member		ner than a person who qualifies as a Full
_	a registered nurse; a scientist;	; or a surgeon who resides or principally
I agree to be bound by the Rules of (Terms and conditions)	the OTC South Pacific Inc	Please tick the box (required)
I agree to the terms of the OTC Sout	th Pacific Privacy Policy	Please tick the box (required)
I consent to my email address being used to forward OTC South		Please tick the box & an email
Pacific communications to me		address is included (required)
	AVE TICKED ALL THE RELEVANT	IT BOXES ABOVE OR WE WILL BE UNABLE TO
PROCESS YOUR APPLICATION Once		
Claire Diiorio - Executive Officer, OT	• • •	244, Rouse Hill Town Centre, Rouse Hill, NSW