



## Instructions

Complete this form and submit by email to: [secretary@usanz.org.au](mailto:secretary@usanz.org.au) along with your CV and any supporting documentation. Hardcopy submissions can be posted to: USANZ, Suite 512 Eastpoint, 180 Ocean Street, Edgecliff NSW 2027.

Every application for membership must be proposed and then seconded by two members of USANZ who are either Full Members or Fellows. Please ensure that your application is signed by two members who meet these requirements or it will not be considered.

Your application will be considered by the Board of Directors at the first meeting which falls immediately after your completed application has been received by USANZ. The Board meets four times a year, typically in February, April, August and November. You will receive confirmation of your membership status and an invoice for membership fees shortly after the meeting.

- If you wish to apply for a change to your existing membership category (such as to an overseas, senior or research member), please log into your member profile on the USANZ website for further information or email [secretary@usanz.org.au](mailto:secretary@usanz.org.au).
- If you wish to apply as a Trainee Member, please contact [education@usanz.org.au](mailto:education@usanz.org.au).
- See other form if you reside in a country other than Australia or New Zealand and wish to apply as a Corresponding Member.

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### - Type of Membership (tick one)

Full Member

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Associate Urological Member

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Associate Member

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Associate Urological Member –  
International Medical Graduate

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### - Your Details (please note: your postal address is published in the USANZ member book)

Title: ..... First Name(s): ..... Last Name: .....

#### Address for Correspondence

.....  
.....

City: ..... State: ..... Postcode: .....

Country: .....

Tel (Hm) ..... Telephone (Wk): ..... Telephone (Mob): .....

Email: .....

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## Qualifications

### Medical Board Registration & RACS ID

State Jurisdiction\*: ..... (\* ie ACT, NSW, NZ, Northern/QLD, SA/NT, TAS, VIC, WA)

Medical Board Registration Number: .....

RACS ID (for Full Members): .....

Year of Birth: .....

**Additional information (Please attach a separate sheet if you need more space)**

**University and Degree(s)**

| Year Awarded | Name of University and Degree Awarded |
|--------------|---------------------------------------|
|--------------|---------------------------------------|

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |

**Other Post Graduate Qualifications (include years)**

| Year Awarded | Name of Other Post Graduate Qualification |
|--------------|-------------------------------------------|
|--------------|-------------------------------------------|

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**Hospital/ Scientific Positions held in last 5 years**

| Year | Position Held |
|------|---------------|
|------|---------------|

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**Training posts in Urology (if any).**

| Year | Details including the name of Urologist in charge |
|------|---------------------------------------------------|
|------|---------------------------------------------------|

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |

**Research publications relevant to urology : (list)**

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**Current hospital appointment(s)**

| Commencement Date | Name of Hospital and position held |
|-------------------|------------------------------------|
|-------------------|------------------------------------|

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |

**Is it your intention to practise Urology exclusively?** (select yes or no from dropdown)

Select

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## Privacy statement and consent

When you sign up to become a Member, USANZ collects and stores your personal information in order to manage your membership, send you information about USANZ events, urological news, and to liaise with external providers to facilitate your access to forums such as the Netwit facility. By applying for membership you are explicitly giving consent to receive the USANZ enews, Uroscope and messages from the staff or USANZ officers and for USANZ to store and manage your information for activities related to your membership. You may elect to unsubscribe from specific enews lists by clicking the “manage your subscription” option at the footer of the enews emails or by sending a request to [communication@usanz.org.au](mailto:communication@usanz.org.au). Questions or concerns about your personal information should also be directed to this email address.

Some membership categories are entitled to benefits provided by external organisations who are based overseas. Specifically, USANZ funds the membership fee of the European Urological Association for Full Members, Associate Urological Members and Provisional Members. USANZ also facilitates access to BJUI Knowledge based in London which requires us to share your personal contact and identifying information. To access these benefits, you are required to give your consent to USANZ sharing your information with those organisations. You can amend your consent at any time by updating your individual member profile through the USANZ website.

I give my consent for USANZ to provide my personal information to the EAU

Select Yes or No

I give my consent for USANZ to provide my personal information to the BJUI

Select Yes or No

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## Applicant's Declaration

If you are not, or do not wish to register registered for digital signature, please print, sign and scan form.

I am eligible for membership of the Society in the Class of Membership shown. I agree to be bound by the **Constitution** of the Urological Society of Australia and New Zealand. If I am based in New Zealand, I also consent to join and be bound by the Constitution of the Aotearoa New Zealand Society of Urology (ANZSU).

(Signature)

.....  
(Date)

## Endorsement (application must be supported by two current Full Members or Fellows of USANZ)

We, the undersigned, are members of the Urological Society of Australia and New Zealand and we testify that the above named applicant is personally known to us and is in every way a suitable candidate for election.

Name of Endorser 1

.....  
Signature

.....  
Date

Name of Endorser 2

.....  
Signature

.....  
Date

## CHECKLIST USANZ Membership Application Form

Before you submit your application please ensure that you have:

- \* Read the requirements for the membership categories as set out in the constitution to ensure you are applying for the correct class of membership
- \* Signed the application form
- \* Application has been signed by two USANZ members
- \* Your CV is attached to your application
- \* You are aware that, if your membership application is approved, you will be invoiced for an annual membership at the rates set out at the link below.

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## Current Membership Subscription Fees - See Join USANZ Page

### SUBMITTING YOUR APPLICATION

You can submit your application by:

- email to: [secretary@usanz.org.au](mailto:secretary@usanz.org.au)
- Posting to USANZ, Suite 512 Eastpoint, 180 Ocean Street, Edgecliff NSW 2027

## **MEMBERSHIP**

14. The subscribers to this Constitution and such other persons as shall have agreed to be bound by this Constitution, shall be admitted to membership in accordance with the provisions of the Constitution, and none others, shall be members of USANZ and shall be entered in Register accordingly.
15. Membership of USANZ shall be limited to persons who are or have been engaged in the practice of urology, or take a special interest in urology.
16. There shall be the following classes of membership, the criteria for which are set out as follows:
- (a) **FELLOW:**  
Persons who:
- (i) are Full Members of USANZ; and
  - (ii) have, in the opinion of the Board of Directors, rendered distinguished service to USANZ and the practice of urology.
- (b) **FULL MEMBER:**  
Persons who:
- (i) are registered medical practitioners who practise exclusively the specialty of urology; and
  - (ii) either:
    - (A) Reside in Australia or New Zealand and hold a FRACS (Urol); or
    - (B) Reside in New Zealand and hold a Vocational (Specialist) Registration.
- (c) **TRAINEE MEMBER:**  
Persons who:
- (i) are registered medical practitioners;
  - (ii) Reside in Australia or New Zealand; and
  - (iii) have been formally accepted into the RACS specialty training program in Urology leading to the FRACS (Urol), and have not yet been awarded the FRACS (Urol).

Persons who fulfil the criteria for trainee membership automatically become Trainee Members as at the date they are formally accepted into the RACS

(d) **CORRESPONDING MEMBER:**

Persons who:

- (i) are practising urologists;
- (ii) are full members of another recognised Urological Association in a country other than Australia or New Zealand;
- (iii) Reside in a country other than Australia or New Zealand; and
- (iv) have an interest in urology in Australasia.

(e) **ASSOCIATE UROLOGICAL MEMBER:**

Persons who:

- (i) are registered medical practitioners;
- (ii) Reside in Australia or New Zealand;
- (iii) do not fulfill the criteria for Full Membership but who, in the opinion of the Board of the Directors, have a recognised qualification or qualifications in urology; and
- (iv) have a medical practice which is at least two-thirds in the field of urology or who, at the time they retired (regardless of whether they maintain registration as a medical practitioner), had a medical practice which was at least two-thirds in the field of urology.

Note: Specialist International Medical Graduates (SIMGs), and those with Provisional Vocational (Specialist) Registration, will typically be placed in the Associate Urological Member category.

(f) **ASSOCIATE MEMBER:**

Persons who:

- (i) Reside in Australia or New Zealand; and
- (ii) are, or who were as at the time of their retirement:
  - (A) scientists who do not practice urology but who are actively interested in some phase or aspect of urology; or
  - (B) registered medical practitioners who are a member of an approved non-urological medical society in Australia or New Zealand and who have an interest in continuing education in urology.

(g) **HONORARY MEMBER:**

Persons who, in the opinion of the Board of Directors, have made a distinguished contribution to urology or USANZ.