



Australian & New Zealand Association of Oral and Maxillofacial Surgeons

Research & Education Foundation Inc. and Trust

Application for Membership

Please complete this form and email it to eo@anzaoms.org

I _____

(Full name of applicant and ACN if a corporation – please print)

of _____

(Place of residence or registered office)

wish to become a member of the ANZAOMS Research and Education Foundation & Trust.

Types of Membership

1. Member
2. Corporate Member

Foundation Rules Governing Membership

- 1) A Member – a member must;
 - a) Be an individual residing in Australia or New Zealand.
 - b) Be an active or retired Oral & Maxillofacial Surgeon
 - c) Be a financial member of ANZAOMS
 - d) New Members:
 - i) Have contributed to the Public Ancillary Fund over a period of five years or less, amounts totalling \$5,000 or more.
- 2) A Corporate Member must:
 - a) Be a body corporate incorporated in either Australia or New Zealand; and
 - b) Have contributed to the Public Ancillary Fund (and has commenced such contributions over a period of five years or less, amounts totalling \$10,000 or more.

Membership Type Being Applied For - Please select one by placing a tick in the relevant box:

<input type="checkbox"/>	Member
<input type="checkbox"/>	Corporate Member



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Contribution

The total amount I wish to contribute to the ANZAOMS Research & Education Trust is \$ _____

I would like to make payment of this amount in one payment on the following date ___/___/____
and understand that I will be issued an invoice for the above amount on the requested date.

OR

I would like to be invoiced for my first payment of 20% of my total contribution on the following
date ___/___/____ and I understand that I will then be invoiced annually in June each year for a
further 20% of my total contribution, for a total of 5 annual payments.

In the event of my admission as a Foundation & Trust Member, I agree to be bound by the Rules of
the Foundation & Trust in force for the time being and understand that these Rules can be found on
the ANZAOMS website www.anzaoms.org

If signing on behalf of a company, I confirm that I am authorised to commit my company to this
membership.

Signature of Applicant: _____

Date: ___/___/____