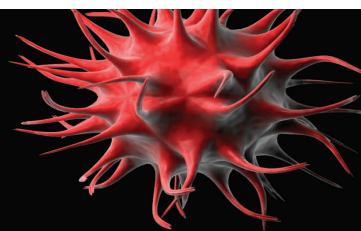




OPMS

Otago Postgraduate Medical Society Inc



MEMBERSHIP APPLICATION FORM

All prospective members of OPMS are required to complete this registration form and **return with payment** to Philip Tilson, Secretary, Otago Postgraduate Medical Society, PO Box 913, Dunedin, 9054. Email: philip.tilson@otago.ac.nz

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Assoc Prof	<input type="checkbox"/> Prof
FULL NAME							
ADDRESS 1							
ADDRESS 2							
ADDRESS 3							
TOWN/CITY				MOBILE PHONE			
POST CODE				EMAIL			

If staff of Southern DHB or University of Otago the address can be your department

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP FEES (Annual)	Please Tick
FULL ORDINARY	Full Ordinary Membership	\$30	<input type="checkbox"/>
DONATION	OPMS is a non-profit organization and donations over \$5 are tax deductible	\$....	<input type="checkbox"/>
PAYMENT METHOD	<input type="checkbox"/> Online <input type="checkbox"/> Postal <input type="checkbox"/> Cheque <input type="checkbox"/> Other	See next page for payment details	
	Receipt required? <input type="checkbox"/>		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:	
AREAS OF YOUR ACADEMIC /PROFESSIONAL INTERESTS:	
Declaration: I agree to abide by the rules and regulations of OPMS as set out in its constitution.	
I have paid my membership fees totalling \$..... /Please see enclosed a cheque (payable to The Otago Postgraduate Medical Society Inc) for \$.....	
SIGNED (or write name here)	DATE

The information provided above will also be used to keep you informed about OPMS events in future.

FOR OPMS USE ONLY:

Date Received	Chq /rec'd	Payment confirmed	Receipt issued	Entered into DB

METHODS OF PAYMENT FOR OPMS MEMBERSHIP

- Direct transfer to OPMS Bank Account, details as follows:

Account name: **Otago Postgraduate Medical Society Inc.**
Name of Bank: **Westpac (NZ) – Dunedin North**
Account Number: **030883 0151266 00**
Bank's Address: **cnr George & Frederick Streets Dunedin, NZ**

Please check carefully that you have entered the account number and codes exactly as above to avoid any delays in your payment.

- Cheques payable to: **Otago Postgraduate Medical Society Inc.** Please post to:

Philip Tilson
Secretary – OPMS
Faculty of Medicine
University of Otago
PO Box 913, Dunedin, 9054
New Zealand