President: Dr Manoj Menezes
Secretary: Dr Clair Pridmore
Treasurer/Public Officer: Dr Jonathon Silberstein

Administrative Office: c/o TY Nelson Department of Neurology and Neurosurgery, The Children's Hospital at Westmead Cnr Hawkesbury Road and Hainsworth Street, Westmead NSW 2145
Postal address: c/- Seed Events Pty Ltd, PO Box 2137, Glenelg, SA 5045
Telephone: + 61 (0)4 2382 7488 **Email:** admin@anzcns.org.au **Website:** www.anzcns.org.au
ABN: 12146982452, **ACN:** 146982452

Australia and New Zealand Child Neurology Society Limited
Subscription Notice and Tax Invoice

Membership Subscription Options (please tick) see explanation on page 2	Cost (GST inclusive)
☐ Ordinary	AU$ 360.00
☐ Retired / Honorary	AU$ FOC
☐ Trainee	AU$ 105.00
☐ Overseas	AU$ 200.00
☐ Associate	AU$ 105.00
☐ Nurse / Neurophyisiology scientist	AU$ FOC

APPLICATION FOR NEW MEMBERSHIP 2025-2026
Australia and New Zealand Child Neurology Society Limited
Office: c/o TY Nelson Department of Neurology and Neurosurgery, The Children's Hospital at Westmead Cnr Hawkesbury Road and Hainsworth Street, Westmead NSW 2145
Postal: c/- Seed Events Pty Ltd, PO Box 2137, Glenelg, SA 5045

I hereby apply for _____ membership of the above named company and provide the following information:

Title, Name, Surname: _____ Date of Birth: _____

Address: _____

Phone: _(_____)_____ Mobile: _____ Email: _____

Profession: _____ Place of Work: _____

I agree to be bound by the Constitution of the company. I agree / do not agree (*delete as applicable*) to my details being forwarded to the Australasian Neuromuscular Network (www.ann.org.au) for the purposes of also becoming a member of that organization.

Signed: _____ Date: _____

PAYMENT BY CREDIT /DEBIT CARD – PLEASE COMPLETE (credit card processing fees apply)

Name on card: _____ Cards Accepted: Visa / Mastercard / American Express

Card Number: _____Expiry Date: ____ / _____ CVV: _____

Billing Address (if different): _____

Amount: AU$_____ Signature: _____

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Categories of Membership

Ordinary: a medical practitioner who devotes the majority of his or her time to the practice of paediatric neurology or any allied neuroscience, provided that such applicant is endorsed in writing by no less than two existing Members (of any type) of ANZCNS. An applicant for Ordinary Membership will be required to submit their curriculum vitae to the Company Secretary no less than six weeks prior to the ANZCNS annual meeting. Only an Ordinary Member is entitled to a vote at the annual meeting of ANZCNS.

Retired: on retirement from the medical profession or any allied neuroscience profession, an existing Member may elect, with the consent of the Board, to become a Retired Member of ANZCNS.

Trainee: any medical practitioner who is a trainee in the specialisation of neurology, paediatric neurology, neuropathology, or any other associated disciplines may apply to be a Trainee Member of the ANZCNS. An applicant for Trainee Membership will be required to submit their curriculum vitae to the Company Secretary no less than six weeks prior to the ANZCNS annual meeting and have their application endorsed by no less than two existing Members (of any type) of ANZCNS.

Overseas: any person who meets the criteria for an Ordinary Member, but practises the majority of his/her profession in a country outside Australia and New Zealand may apply for Overseas Membership.

Associate: at the election of the Board of Directors, any person who expresses a desire to contribute to, participate in, or assist the ANZCNS achieve its objects as set out in its Constitution may be deemed to be an Associate Member of the ANZCNS.

Honorary: Retired Members who are more than 5 years into their retirement can apply for Honorary Membership. Honorary Membership is otherwise through Board election.

Nurse: nurse membership is open to nursing staff in the field of neurology, paediatric neurology, neuropathology, Neurophyisiology scientist, or any other associated disciplines. An applicant for Nurse Membership will be required to have their application endorsed by no less than two existing Members (neurologists) of ANZCNS.

ENDORSEMENT - NEW APPLICATIONS (Ordinary, Trainee, Nurse, Overseas members)

We, the undersigned current Members of the Australia and New Zealand Child Neurology Society, propose that _____(title, name, surname) be admitted as an Ordinary / Overseas (delete as applicable) Member of the Society. We are satisfied by virtue of his/her training and his/her character that he/she is a suitable person to be admitted to the above category of Membership and fully endorse his/her application.

Endorsed by: _____ Signed: _____
Print name
Dated: _____

Endorsed by: _____ Signed: _____
Print name
Dated: _____