



# AUSTRALIAN and NEW ZEALAND SOCIETY OF PHLEBOLOGY

ABN 49 402 190 501

## APPLICATION / RE-APPLICATION FOR MEMBERSHIP OF THE ANZ SOCIETY OF PHLEBOLOGY FROM 1 JULY 2024 TO 30 JUNE 2025

As a member of the **Australian and New Zealand Society of Phlebology** you will:

- Support us in our efforts in ensuring fair and equitable fee rebates from Medicare and Health Funds
- Receive information on latest trends in vein treatment and news of overseas conferences
- Receive information on latest products relevant to vein treatment
- Receive information and support from the executive in case of medico-legal problems
- Be advised of Phlebology conferences.

### **Enquiries:**

For all enquiries contact Patricia Hood

Tel: (02) 4777 5042 Mob: 0409 838 847

Email: [anzsocietyofphlebology@gmail.com](mailto:anzsocietyofphlebology@gmail.com)

**ANNUAL MEMBERSHIP FEE \$165.00 (includes GST of \$15)**

Payment details on next page

**Your details**

Dr.....

.....

Initials

Surname

Mailing

address.....

.....

.....

Postcode.....

Practice

address.....

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Postcode.....

Telephone

Number.....

Fax Number.....

Email

address.....



**Annual Membership Fee**  
**Non-Members \$165 (inc 10% GST)**

**Methods of Payment**

**Cheque:** Please make all cheques payable to ANZ Society of Phlebology

**Send all payments to:** ANZ Society of Phlebology  
PO Box 132  
Cranebrook NSW 2749

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**Credit Card:** Please fill in and email to [anzsocietyofphlebology@gmail.com](mailto:anzsocietyofphlebology@gmail.com)

**Card Type:** ☐ **Mastercard** ☐ **Visa**

Card

Number.....

Expiry Date ..... /.....

Name as it appears on card.....

Signature.....  
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**For Bank Deposit:**

Account Name: Australian and New Zealand Society of Phlebology  
Bank: National Australia Bank  
BSB: 082-778  
Acct Number: 02927 5489

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