

New Zealand Society of Gastroenterology

Application for Membership

Preferred Title Miss / Ms / Mrs / Mr / Dr / Associate Professor / Professor
Please circle one

Full Name _____
Surname First Middle

Degrees or diplomas held (with dates) _____

Business address	
Position Held	
Hospital & University appointments	
Business Address	
Correspondence address	
Phone Number	
Fax Number	
Email Address	
Curriculum vitae	<i>A copy must be enclosed in order for your application to be considered</i>

Proposer	Date complete
Seconder	Hon/Sec/Treas
Special interests in Gastroenterology	
Research interest	

ENDOSCOPY PRACTICE

Upper GI	Yes / No	Diagnostic and / or Therapeutic	/10
Lower GI	Yes / No	Diagnostic and / or Therapeutic	/10
ERCP	Yes / No	Diagnostic and / or Therapeutic	/10

Number per week

CONTINUING EDUCATION

Do you feel professionally isolated? YES/NO

Do you have any suggestions by which the Society could assist?

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Has your training been accredited by the Conjoint Committee for accreditation of endoscopy training? YES/NO

Do you have any suggestions to promote Gastroenterology in New Zealand?

A) Workshops - suggested topics:

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B) Training courses:

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C) Exchange schemes within and outside New Zealand:

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D) Visiting Lecturers - names and areas of interest for future meetings:

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E) Format of meetings:

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F) Other:

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Do you know of any other actual or potential members for the Society who have not been circularised?

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Name: _____

Signature: _____

Date: ____/____/____

**Return to: The Executive Secretariat
 New Zealand Society of Gastroenterology
 PO Box 10 601
 Wellington**