



THE PERINATAL SOCIETY of
AUSTRALIA & NEW ZEALAND
Resuscitation Special Interest Group Membership Form

NAME:
(Title) (Surname) (Other name{s})

ORGANISATION:

PREFERRED MAILING ADDRESS:
.....
(State) (Post Code)

TELEPHONE (W) (.....).....(H)(.....)..... (Mobile)

EMAIL

PSANZ DISCIPLINE CATEGORY: (Please circle most appropriate)

- | | |
|---------------------------------------|---|
| (a) Basic Science | (b) Med Practitioner – NEONATOLOGY |
| (c) Medical Practitioner – OBSTETRICS | (d) Neonatal Nurse |
| (e) Midwife | (f) Other perinatal areas (e.g. Pathology, Epidemiology, Anaesthesia, etc.) |

I HAVE JOINED THE PERINATAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Yes / No (Please circle) If not, please complete the attached PSANZ Registration Form and return to: Perinatal Society of Australia & New Zealand, c/- Women's Hospitals Australasia, PO Box 4, Braddon, ACT 2612, or fill out the on-line application form at www.psanz.com.au

Resuscitation Special Interest Group

Membership

All PSANZ members with an interest in resuscitation are welcome to join the SIG. The aim is to have multidisciplinary membership with geographic representation from across Australia and New-Zealand

Are you interested in nominating for a steering committee position? (Please tick)

Please forward this completed Subscription Form to

Sonia Evans, Secretariat, Mater Mothers' Research Centre Mater Health Services, Raymond Terrace, South Brisbane QLD 4101, Email sonia.evans@mater.org.au, or fax (07) 07 3163 1588