



Better treatments...
Better lives.

Australasian Leukaemia & Lymphoma Group (ALLG) Membership Application Form

Please Tick:

- Haematologist Medical Oncologist Scientist
- Pathologist Radiation Oncologist
- Registrar:
Speciality in which training: _____
Year of training: _____
- Other (please specify): _____

*Full Name: _____
Title First Name Last Name

Department: _____

*Institution: _____

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____

*Phone: _____ Mobile: _____ Fax: _____

*Email: _____

UNIVERSITY / HOSPITAL APPOINTMENTS:

QUALIFICATIONS:

- Please tick if you consent to your contact details (name, institution, email address and phone number) being listed on the 'Members Area' of the ALLG website.
- Please tick if you consent to your contact details being passed on to the TGA only for the purpose of lodging an applicable CTN.

New Member Proposal

Both the Proposer and the Seconder must be current financial members of the ALLG. If you don't know two current members, please contact the ALLG to determine the closest current members in your area.

Proposer: _____
Name Signature

Seconder: _____
Name Signature

APPLICANT:

I _____ agree to abide by the Constitution of the ALLG and to pay my annual subscription fee as long as I remain a member.

Signature: _____ Date: _____

Membership Options

Please tick the appropriate box

- | | | |
|--------|----------|--------------------------|
| 1 Year | \$90.00 | <input type="checkbox"/> |
| 3 Year | \$225.00 | <input type="checkbox"/> |
| 5 Year | \$330.00 | <input type="checkbox"/> |

- Please debit from my credit card
 MasterCard Visa

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Please check before sending the CC Number and Expiry Date.

OR

- I have attached a cheque to this form.
Make payable to Australasian Leukaemia & Lymphoma Group (ALLG).

OR

- I have transferred my membership fee directly into the ALLG bank account.
Remember to include your Full Name in the transaction notation.

Account Name: Australasian Leukaemia & Lymphoma Group (ALLG)

Account Details: BSB: 313 140 Acct. Number: 12038240

Transfer Date: _____

Important information

ALLG Membership subscription is due on 1 January of each calendar year. Please note that failure to pay annual renewal fee will lead to removal from the membership list.

Please email, post or fax the completed form to the ALLG (details below); a receipt and relevant ALLG information will be sent to you on the approval of your application for ALLG Membership by the Scientific Advisory Committee (SAC).

Please return this form with payment to:

Australasian Leukaemia & Lymphoma Group (ALLG)
Ground Floor, 35 Elizabeth Street * Richmond, VIC 3121
Phone: 03-8373-9702 | Fax: 03-9429-8277
Email: dilupa.uduwela@allg.org.au