

Personal Details

Title: _____ Last name: _____
 First name: _____ Middle name: _____
 Date of birth (min requirement year of birth): _____ ☐ Male ☐ Female ☐ Unspecified
 Current role: _____
 Primary place of work: _____ State: _____
 Email address (personal): _____
 Mobile: _____
 Mailing address: ☐ Home ☐ Work
 Street: _____
 Suburb: _____ State: _____ Postcode: _____
 Administrative contact (e.g. Assistant or other): Name _____
 Email address: _____ Phone: _____

Qualifications - Please list degrees to date (highest degree first) and date obtained:

Please submit a current 2-page CV including qualifications.

☐ I have attached my CV

Membership Class - Select the one which best describes your current status:

<input type="checkbox"/>	A Fellow of either RACP or RACS with clinical practice in gastroenterology, hepatology, gastrointestinal or hepatobiliary surgery. Please state which College _____
<input type="checkbox"/>	A person undertaking RACP or RACS Advanced Training in gastroenterology, hepatology, gastrointestinal or hepatobiliary surgery. Please state which College _____
<input type="checkbox"/>	A person with a higher degree (Masters or Doctoral) and more than 8 years since postgraduate research, currently employed in gastrointestinal or liver research and no clinical practice.
<input type="checkbox"/>	Early to mid-career researcher (within 8 years of completing postgraduate research) currently employed in gastrointestinal or liver research and no clinical practice.
<input type="checkbox"/>	A Fellow of either RACP or RACS, enrolled in a full-time research degree in gastroenterology or a related discipline, with no clinical practice. Please state which college RACP
<input type="checkbox"/>	A Medical Practitioner not fulfilling the criteria for voting member e.g. RACGP, ANZCA.
<input type="checkbox"/>	A Basic Trainee (BPT) or Advanced Trainee (AT) not undertaking training in gastroenterology or gastrointestinal or hepatobiliary surgery.
<input type="checkbox"/>	An Allied Health Professional, not fulfilling the criteria for voting member e.g. Nurse, Dietician, Nutritionist, Nurse Practitioner etc.
<input type="checkbox"/>	An enrolled student undertaking a course of study (full or part time) related to gastroenterology or hepatology. e.g. MBBS, Nursing or BSc etc.

Proposer & Seconder - Must be current financial GESA members

Proposer (Full Name):	Seconder (Full Name):
GESA Member number:	GESA Member number:
GESA Member since:	GESA Member since:
Place of work:	Place of work:

Special Interest Groups – would you like to join one of the groups listed below?

- | | |
|--|--|
| <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> Neurogastroenterology |
| <input type="checkbox"/> Endoscopic Ultrasound | <input type="checkbox"/> Small Bowel |
| <input type="checkbox"/> Gastrointestinal Cancer | |

Young GESA – *Free to join for young Consultants (within 8 years of letters) and Advanced Trainees*

- ☐ YES – I wish to join Young GESA

General Areas of Interest - *Select 4 main areas and prioritise (1: highest priority, 4: lowest priority):*

- | | |
|--|--|
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition/Diet/Obesity |
| <input type="checkbox"/> Capsule Endoscopy | <input type="checkbox"/> Oesophagus |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Paediatric gastroenterology |
| <input type="checkbox"/> Gall Bladder | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Research |
| <input type="checkbox"/> IBD | <input type="checkbox"/> Small Bowel Endoscopy |
| <input type="checkbox"/> IBS | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Liver | |

Voting Preference - *Select ONE:*

- ☐ Liver
☐ Endoscopy
☐ Inflammatory Bowel Disease

Applicant Declaration – *mandatory:*

- ☐ I support the objects of and agree to comply with the GESA Constitution and Code of Conduct.
☐ I agree to assume the liability to pay the Member's Guarantee amount of \$20.
☐ I agree to advise any change of contact details with 28 days.
☐ I agree to pay my membership fees within 28 days of being due.

Applicant Consent

- ☐ I wish to receive a monthly posted copy of the "Journal of Gastroenterology and Hepatology".
☐ I wish to receive regular membership communication via email and SMS.
☐ I agree to have my photograph included in membership communication and on the GESA website.
☐ I agree to have my name displayed publicly as a member of GESA.

Signature: _____ Date: _____

Application Process

- Please email your completed application form and CV to gesa@gesa.org.au, include in your subject line: Membership Application.
- Applications are subject to Board approval. This process can take up to 12 weeks.
- Upon approval of your application you will be notified and invoiced.
- Once you complete your fee payment, you will receive your GESA member number, login and password. This will grant you access to member benefits and services.
- If you require assistance, please email memberservices@gesa.org.au or call 1300 766 176.
- Further information is available online: <http://www.gesa.org.au>.