



The  
Fertility Society  
of Australia

## ANZICA

### Australian and New Zealand Infertility Counsellors' Association. (A Sub-committee of the Fertility Society of Australia)

Chairperson: Kate Bourne  
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IVFAustralia  
Level 2, 176 Pacific Highway  
Greenwich 2065  
Ph: (02) 94251600  
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Email: melissa.stephens@ivf.com.au

Submission of this application by email with scanned attachments is encouraged. However certified documents will have to be posted

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### APPLICATION for MEMBERSHIP: FULL, ASSOCIATE OR AFFILIATE

#### 1.0 Personal Details- USE BLOCK LETTERS

1.1 Name: \_\_\_\_\_  
( Family Name) (Given Name)

1.2 Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

1.3 Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

1.4 Email Address: \_\_\_\_\_

1.5 Citizenship \_\_\_\_\_

2.0 Level of Membership for which you are applying : Member :   
Associate:   
Affiliate:

#### 3.0 Academic Qualifications

Please detail courses completed, including year of award and name of the awarding institution. ***Certified copies of academic records must be attached.***

NB: Certification to be completed by those designated to sign Statutory Declarations

Name of Course	Awarding Institution	Year of Award

**4.0 Membership of any Professional Association:** eg APS, AASW, FRCOP. Please indicate level and duration of membership and **attach a certified copy of your current membership certificate(s)**:

Professional Association	Membership level	Year joined

**5.0 Practice Registration Details (if applicable):**

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**6.0 Employment - Current Employer(s):**

(include number of infertility counselling hours per week)

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**7.0 Other relevant employment or academic research.** - Please give details.

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You are invited to attach any further information which to support your application. Please note that applicants who are not a member of a professional association may be asked for further documentation

I am agreeable to my name and business contacts being given to potential clients or other professionals.       Yes       No (please tick)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to:-**      **Melissa Stephens**  
    **IVFAustralia**  
    **Level 2, 176 Pacific Highway, Greenwich 2065**  
**Ph:(02) 94251600**  
**Fax: (02) 94251611**  
**Email: melissa.stephens@ivf.com.au**

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**Note:** Processing of applications for membership usually takes 4 – 6 weeks. You will receive written confirmation from the Chairperson of ANZICA. Your separate FSA application will be approved by the FSA Council following recommendation to FSA by the ANZICA subgroup.

**Checklist**

Before you post this application have you:

- Completed all questions on the form
- Attached certified copies of your academic transcripts
- Attached a certified copy of your current membership of the relevant professional association