



Reduced Subscription Application Form

This form should be completed, signed and submitted along with all required documentation to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); applications may be submitted by email to membership@ranzocg.edu.au or by post to College House, addressed to the attention of the Membership Department.

Appropriate Supporting Documentation

Parental leave

- Birth Certificate or
- Letter from the treating medical practitioner (including if possible the intended date of return-to-work)

Ill-health

- Letter from the treating medical practitioner (detailing the expected period of time that the individual is unable to work)

Overseas volunteer work

- Supporting documentation, including length of appointment, evidence of position and the wage being paid during the time

1. PERSONAL DETAILS			
Title		Member ID	
First Name		Last Name	
Middle Name		Date of Birth	

2. APPLICATION	
Please indicate reason for fee reduction:	Parental Leave <input type="checkbox"/> Ill-health <input type="checkbox"/>
	Overseas Volunteer <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/>
Other reason:	

3. DURATION

Please indicate the duration of time expected to be without (or with lower) income

6 months or less

Between 6 months and 12 months

More than 12 months

4. INCOME (ONLY COMPLETE IF OVERSEAS VOLUNTEER IS SELECTED)

Please indicate the expected annual income while volunteering overseas. For any reduction to apply the income earned must be less than AUD\$80,000 per annum.

Less than AUD\$40,000

Between AUD\$40,000 and AUD\$80,000

5. SUPPORTING DOCUMENTATION

I confirm that the appropriate documents have been provided in support of this application

6. DECLARATION

Please read the following statement carefully and complete the declaration.

I confirm that all statements and information provided to RANZCOG by me are true and correct.

Signature

Date

Office Use Only

Received:

Outcome:

Signature: