



## AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS

### LIFE MEMBERSHIP POLICY

Members/Fellows are eligible for Life Membership/Fellowship if they retired from full time employment\*, **AND** have

**EITHER:**

- a. Reached the age of 60 years

**OR**

- b. Been a College member for 30 continuous years or more

1. Applications for Life Membership/Fellowship must be made in writing to the Executive Officer.
2. The power to grant Life Membership/Fellowship is delegated to the Executive Officer.
- 3.. Life Members/Fellows are exempt from payment of annual fees and levies but retain all their rights and privileges including the right to vote and continuing membership of chapters willing to accept them as a Life Member.
4. The Executive Officer must inform the Council at its next general meeting the details of any Life Membership/Fellowships granted.
5. Applicants for Life Membership/Fellowship may ask for the Executive Officer's decision to be reviewed by the Council at its next meeting.

- \* The definition of 'retired from full time employment' will be that members are employed or self-employed or engaged in any activity for remuneration for less than 10 hours each week. This is consistent with the definition of retirement used by the Australian Taxation Office.



# THE AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS

## LIFE MEMBERSHIP APPLICATION FORM

### 1. Applicant Details

First Name:

Surname:

Fellowship / Membership Subject/s:

Chapter/s:

Postal Address:

Phone Number/s:

Email Address:

Date of Application for Life Membership:

### 2. Life Membership Criteria *(Applicant must identify fulfillment of Life Membership Criteria below)*

Either:	(a) Reached the age of 60 years	YES	NO
<b>or</b>	(b) Been a College member for 30 continuous years or more	YES	NO
<b>and</b>	Retired from full time employment*	YES	NO

\* The definition of 'retired from full time employment' will be that members are employed or self-employed or engaged in any activity for remuneration for less than 10 hours each week. This is consistent with the definition of retirement used by the Australian Taxation Office.

### 3. Declaration

Name (in full):

Signature:

Date:

### 4. Submission of Application

**Post or email your completed application form to:**

The Executive Officer

ANZCVS

Garden City Office Park, Building 3

2404 Logan Road

EIGHT MILE PLAINS QLD 4113

Telephone: (07) 3423 2016

Email: [admin@anzcvcs.org.au](mailto:admin@anzcvcs.org.au)