



## 2016/2017 Membership Subscription Form

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Ph: \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_ Country if not Australia \_\_\_\_\_ Please write email clearly \_\_\_\_\_

**NOTE:** If you no longer wish to be a member of the ASEM then please tick here  to **opt out** of any further correspondence

**Are you applying to ASEM as:**  A New Member  A Renewing Member

**Full Membership of ASEM** is available to doctors with significant involvement in EM.

ACEM Fellow      ACEM Trainee GP      CMO      HMO      JMO      Paed. Emerg. Physician

**Associate Membership** is available to other doctors with limited involvement with EM and all other craft group applicants

Other Specialist      GP      CMO      Nurse      Ambulance Officer      Admin

Please Specify: \_\_\_\_\_

**Institutional Membership** is available to Institutions conducting an Emergency Department service by listing the name of a contact above. Name of Institution: \_\_\_\_\_

**Please tick the category of membership and level of subscription requested:**

- Associate Membership (with EMA Journal)      AUD\$378.50
- Associate Membership (without EMA Journal)      AUD\$270.40
- Full Membership (with EMA Journal)      AUD\$378.50
- Full Membership (without EMA Journal)      AUD\$270.40
- Institutional Membership (with EMA Journal)      AUD\$540.75
- Honorary Membership
- AVANT Membership

**NB:** All ASEM financial members are eligible for a \$200 registration discount for the Spring Seminar on Emergency Medicine 2016 Conf

**Please indicate how you would like to receive ASEM correspondence (ie Newsletter) via**  email  Postal

**Please indicate below your preferred method of payment:**

- Direct Bank Deposit to ASEM BSB: 633 000 Account Number: 136345030  
Supplied Reference \_\_\_\_\_  
(last 4 digits of supplied mobile number or surname if mobile number not supplied)
- Cheque (made payable to Australasian Society for Emergency Medicine)
- Credit Card (Please enter details below)

Please debit my ASEM Subs for:      AUD\$ \_\_\_\_\_ to my



Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Card Number

Expiry Date

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*(Please return payment to ASEM by fax, email or mail, details above. Receipts will be forwarded via mail)*

**Privacy Statement:** *The ASEM respects and adheres to all privacy requirements under State & Federal Legislation.*

**How did you hear about us:**  Colleague  College  Email  Event Flyer  Website

<b>Office Use Only:</b> Processed on	Tax Invoice No.T	Cert	Voucher	Other
Entered: Master State	Journal Online	New Member	Member No	