



STUDENT
2015/2016 Membership Subscription Form

Title: _____ Surname: _____ Given Name: _____ Ph: _____

Address: _____ Suburb: _____

State: _____ P/Code: _____ Country _____ if not Aus: _____ Email: _____

Date of Application: _____

NOTE: Please ensure you write your email clearly so you receive ASEM newsletters and student updates.

Complimentary Student Membership is available at no cost to medical students during their studies allowing them electronic access to member services including ASEM Newsletters.

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

If you are no longer studying but would still like to be a part of ASEM then please [click here](#) to download a membership form!

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

Study Details

University: _____

Current Year of Study _____ **Expected year of completion:** _____

What would you like to see ASEM do for you?

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

(Please return this form to the ASEM by fax, email or mail please find details above. Certificate of membership will be forwarded via Email)

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