



Australasian Society for Emergency Medicine

2017/2018 Membership Subscription Form

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info@asem.org.au

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

Name of Institution: _____

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

Associate Membership (with EMA Journal) _____ AUD\$380
Associate Membership (without EMA Journal) _____ AUD\$272
Full Membership (with EMA Journal) _____ AUD\$380
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Institutional Membership (with EMA Journal) _____ AUD\$543

What would you like to see ASEM do for you?

NB: All ASEM financial members are eligible for a \$200 registration discount for the SSEM Conference 2017

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

Please indicate below your preferred method of payment:

Direct Bank Deposit to ASEM BSB: 633 000 Account Number: 136345030
Reference _____ (First initial & Surname of member registering)
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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How did you hear about us: Colleague College Email Event Flyer Website