



**Australasian Society for Emergency Medicine**  
**ABN 64 231 328 255**

PO Box 627  
Noble Park  
Vic 3174  
Australia

Ph: 61 3 9701 5675  
Fax: 61 3 9701 5811

[www.asem.org.au](http://www.asem.org.au)

E: ASEMadmin@bigpond.com

**2010/2011 ANNUAL SUBSCRIPTION**

Title ..... Surname ..... Given Names .....

Address ..... Suburb.....

State.....P/Code ..... Country if not Australia: ..... Please write Email address **clearly**.....

Preferred Phone ( ).....Fax ( ).....Mobile: .....

Are you applying to ASEM as:  a **NEW MEMBER**  a **RENEWING MEMBER**

Please best describe your association in Emergency Medicine (EM):  
.....

Doctors with a significant involvement in EM may apply for **FULL** Membership of ASEM.

- ACEM Fellow  ACEM Trainee  GP  CMO  HMO  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  Administrator

Institutions conducting an Emergency Department service may apply for **INSTITUTIONAL** membership by listing the name of a contact person above.

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

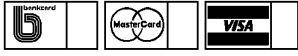
- Associate Membership (with EMA Journal) AUD \$295 P/A  
 Associate Membership (without EMA Journal) AUD \$195 P/A  
 Full Membership (with EMA Journal) AUD \$295 P/A  
 Full Membership (without EMA Journal) AUD \$195 P/A  
 Institutional members (with EMA journal) AUD \$399 P/A

**NB:** ACEM Fellows and Trainees automatically receive the Journal as part of their Annual Australasian College for Emergency Medicine subscription.

**Please indicate your**

**Preferred Method of payment HERE**  cheque (made payable to *Australasian Society for Emergency Medicine*) or,  credit card (complete the section below)

**Total payment:** \$.....

Please debit my ASEM subscription for AUD\$ ..... To my  (please specify)

**(Card Number)**

**(Expiry Date)**

Cardholder's Name on card..... Signature..... Date: ...../...../200.....

(Please return payment to ASEM by fax or letter to the above address... Receipts will be returned by mail, fax or email)

**NB.** As a non profit association, no GST has been allotted to this account by the ASEM

**PRIVACY STATEMENT:** The ASEM respects and adheres to all privacy requirements under State & Federal legislation.

**OFFICE USE ONLY**

Processed on .....Tax Invoice No.T.....CERT  VOUCHER  OTHER.....

ENTERED: MASTER  STATE  JOURNAL  ONLINE  NEW MEMBER  MEMBER NO. ....