



Title:		
First Name:		Surname:
Company:		
Address:		
State:	Postcode:	Country:
Phone:	Fax:	Mobile:
Email:		Medical Registration Number:

- Please note that your email address is required for ALL correspondence.

MEMBERSHIP CATEGORY

- **Full Membership (\$380)-- *Current fully registered medical practitioners***
- **Associate Membership (\$220)-- *Allied professionals***

MEDICAL SPECIALTY - please tick appropriate box

- | | |
|---|---|
| <input type="checkbox"/> Solo / Group GP with interest in skin cancer | <input type="checkbox"/> Small group or self employed |
| <input type="checkbox"/> Employed by larger company | <input type="checkbox"/> Academic position |
| <input type="checkbox"/> Hospital training position | <input type="checkbox"/> General surgeon |
| <input type="checkbox"/> Plastic surgeon | <input type="checkbox"/> Dermatologist |
| <input type="checkbox"/> Other medical specialty <i>Please state:</i> | |

MEDICAL PROCEDURES PERFORMED - please list

SOCIETY INTEREST

- | | |
|--|---|
| <input type="checkbox"/> Society board (full members only) | <input type="checkbox"/> Research Coordination |
| <input type="checkbox"/> Government or Specialist College Lobby Groups | <input type="checkbox"/> Local State Education Coordination |
| <input type="checkbox"/> Diploma Course & Examination Development (Applicant must be a current full member of ASCM) | |

- I am happy to receive information from Cosmetic Medicine related trade companies Yes No
- I would like my practice location listed in the public viewing area of the website Yes No
- I would like my contact details available to other members Yes No

PAYMENT DETAILS

- New Full Member** AU\$580 (including joining fee \$200)
- New Associate Member** AU\$420 (including joining fee \$200)

**All prices include 10% GST*

*** ASCM will invalidate a Member's account for non-payment of membership fees for a limited period of three months. To reactivate the account, Members will have to pay a AU\$200 reactivation fee in addition to payment of any outstanding fees.**

Please make cheque payable to ASCM, or complete the following to pay via credit card:

- MASTERCARD VISA AMEX (3% surcharge)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name on Card: _____ Expiry Date: ____/____

Signature: _____ Date: _____