



# AUSTRALASIAN SOCIETY OF COSMETIC MEDICINE

## Membership Application Form ABN – 12 024 477 128

### FULL MEMBERSHIP AU\$660 - Current fully registered medical practitioners

Title:		
First Name:		Surname:
Company:		
Address:		
State:	Postcode:	Country:
Phone Bus:		Mobile:
Fax:	Email:	
Website:		

### MEDICAL PROCEDURES PERFORMED, please list:

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

### MEDICAL SPECIALTY – Please indicate with an X

- |   |   |
|---|---|
| <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                    |   |

Medical Registration No:
--------------------------

### ASSOCIATE MEMBERSHIP AU\$220 - Allied professionals

Title:		
First Name:		Surname:
Company:		
Occupation:		
Address:		
State:	Postcode:	Country:
Phone Bus:		Mobile:
Fax:	Email:	

### MEDICAL PROCEDURES PERFORMED, please list:

### SOCIETY INTEREST - Please indicate with an X

I am interested in being involved in the following areas of the Society:

- |  |   |
|--|---|
| <input type="checkbox"/> Society Board (full members only)             | <input type="checkbox"/> Research Coordination              |
| <input type="checkbox"/> Diploma Course and Examination Development    | <input type="checkbox"/> Local State Education Coordination |
| <input type="checkbox"/> Government or Specialist College Lobby Groups |   |

- |   |     |    |
|---|-----|----|
| 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 |

### MEMBERSHIP FEES: Full Member \$660 Associate Membership \$220

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

MASTERCARD  
  VISA  
  BANKCARD  
  DINERS  
  AMEX

 
      
      

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