

# Professional Membership

<b>First Name:</b>		<b>Surname:</b>																									
Title:	Date of Birth:	Preferred Mailing Address: <input type="checkbox"/> Home or <input type="checkbox"/> Business																									
<b>Home Address</b>		<b>Business Name</b>																									
Street / PO Box:		<b>Business Address</b>																									
Suburb:		Suburb:																									
State:	Post Code:	State:	Post Code:																								
Home Ph:		Business Ph:																									
Mobile Ph:		Fax:																									
<b>Email:</b>																											
<b>Profession:</b> _____																											
Qualification/s (Degree)	Institution:	Year Completed:																									
_____	_____	_____																									
_____	_____	_____																									
_____	_____	_____																									
<b>NOTE:</b> If you are applying for <b>student membership</b> , please state the course you are studying and the year you plan to complete it in the space above.																											
<b>Are you a member of an affiliated Discipline Group?</b> <i>If Yes, please indicate which group you belong to:</i> <input type="checkbox"/> Australasian Academy of Podiatric Sports Medicine <input type="checkbox"/> Australasian College of Sports Physicians <input type="checkbox"/> Australian Association for Exercise and Sports Science <input type="checkbox"/> Australian Physiotherapy Assoc. - Sports Physiotherapy Australia <input type="checkbox"/> Australian Psychological Society - College of Sports Psychology <input type="checkbox"/> Sports Dietitians Australia <input type="checkbox"/> Sports Doctors Australia		<b>Membership Categories &amp; Fees (incl GST):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Category</th> <th>Joining Fee</th> <th>Annual Fee</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Full (Professional)</td> <td>40</td> <td>195</td> <td>\$235</td> </tr> <tr> <td><input type="checkbox"/> Recent Graduate*</td> <td>0</td> <td>120</td> <td>\$120</td> </tr> <tr> <td><input type="checkbox"/> Associate</td> <td>20</td> <td>110</td> <td>\$130</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td>0</td> <td>50</td> <td>\$50</td> </tr> <tr> <td><input type="checkbox"/> Retired</td> <td>0</td> <td>50</td> <td>\$50</td> </tr> </tbody> </table> <small>*Available in the first 12 months after graduation and when accompanied by a copy of your academic transcript</small> NB. Please note conditions of membership listed below.		Category	Joining Fee	Annual Fee	Total	<input type="checkbox"/> Full (Professional)	40	195	\$235	<input type="checkbox"/> Recent Graduate*	0	120	\$120	<input type="checkbox"/> Associate	20	110	\$130	<input type="checkbox"/> Student	0	50	\$50	<input type="checkbox"/> Retired	0	50	\$50
Category	Joining Fee	Annual Fee	Total																								
<input type="checkbox"/> Full (Professional)	40	195	\$235																								
<input type="checkbox"/> Recent Graduate*	0	120	\$120																								
<input type="checkbox"/> Associate	20	110	\$130																								
<input type="checkbox"/> Student	0	50	\$50																								
<input type="checkbox"/> Retired	0	50	\$50																								
<b>Payment Details:</b>																											
Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card		Amount Payable \$ _____																									
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																											
Card Number: _____ / _____ / _____ / _____		Expiry date: _____ / _____																									
Full Name on Credit Card _____		Signature for Authorisation _____																									
<b>Declarations:</b>																											
I certify that the information supplied on and with this form is true and correct. I agree to abide by the Sports Medicine Australia Code of Ethics.																											
Signed: _____		Date: _____																									
<b>Conditions of membership:</b>																											
1. A joining fee is payable in the initial year and if membership lapses																											
2. Applications for Full (Professional) membership must be accompanied by a certified copy of qualifications and/or a personal recommendation from a SMA Full (Professional) member.																											
3. Student membership is only available to full-time students and must be accompanied by a copy of current student identification																											