



Sports Trainer Member

First Name:		Surname:									
Title:	Date of Birth:										
Postal Address											
Suburb:		State:	Post Code:								
Home Ph:		Business Ph:									
Mobile Ph:		Fax:									
Email:											
Current Accreditation No.		Profession:									
Membership and Insurance Fees (incl GST): Sports Trainer Membership includes insurance for personal accident and sports liability cover through OAMPS Insurance Brokers. For more information about the policy go to: www.oamps.com.au/sportsmedicineaus Sports Trainers membership is offered for the period of 12 months from the date of payment. There are no pro-rata fees applicable.											
<table><thead><tr><th><i>Category</i></th><th><i>Fee</i></th></tr></thead><tbody><tr><td><input type="checkbox"/> Sports Trainer Membership</td><td>\$160</td></tr><tr><td><input type="checkbox"/> Sports Trainer Membership for students</td><td>\$140</td></tr><tr><td><input type="checkbox"/> Sports Trainer Membership without insurance</td><td>\$80</td></tr></tbody></table>				<i>Category</i>	<i>Fee</i>	<input type="checkbox"/> Sports Trainer Membership	\$160	<input type="checkbox"/> Sports Trainer Membership for students	\$140	<input type="checkbox"/> Sports Trainer Membership without insurance	\$80
<i>Category</i>	<i>Fee</i>										
<input type="checkbox"/> Sports Trainer Membership	\$160										
<input type="checkbox"/> Sports Trainer Membership for students	\$140										
<input type="checkbox"/> Sports Trainer Membership without insurance	\$80										
Student membership is only available to full-time students and must be accompanied by a copy of current student identification											
Payment Details:											
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 _____									
Declarations:											
I certify that the information supplied on and with this form is true and correct.											
I agree to abide by the Sports Medicine Australia Sports Trainer Code of Ethics.											
Signed: _____		Date: _____									