

Professional Membership

| | | | |
|---------------------|----------------|---|------------|
| First Name: | | Surname: | |
| Title: | Date of Birth: | Preferred Mailing Address: <input type="checkbox"/> Home or <input type="checkbox"/> Business | |
| Home Address | | Business Name | |
| Street / PO Box: | | Business Address | |
| Suburb: | | Suburb: | |
| State: | Post Code: | State: | Post Code: |
| Home Ph: | | Business Ph: | |
| Mobile Ph: | | Fax: | |

Email: _____

Profession: _____

| | | |
|--------------------------|--------------|-----------------|
| Qualification/s (Degree) | Institution: | Year Completed: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTE: If you are applying for **student membership**, please state the course you are studying and the year you plan to complete it in the space above.

| <p>Are you a member of an affiliated Discipline Group? If Yes, please indicate which group you belong to:</p> <p><input type="checkbox"/> Australasian Academy of Podiatric Sports Medicine</p> <p><input type="checkbox"/> Australasian College of Sports Physicians</p> <p><input type="checkbox"/> Australian Association for Exercise and Sports Science</p> <p><input type="checkbox"/> Australian Physiotherapy Assoc. - Sports Physiotherapy Australia</p> <p><input type="checkbox"/> Australian Psychological Society - College of Sports Psychology</p> <p><input type="checkbox"/> Sports Dietitians Australia</p> <p><input type="checkbox"/> Sports Doctors Australia</p> | <p>Membership Categories & Fees (incl GST):</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Joining Fee</th> <th>Annual Fee</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Professional (Full)</td> <td>40</td> <td>215</td> <td>\$255</td> </tr> <tr> <td><input type="checkbox"/> Recent Graduate*</td> <td>0</td> <td>130</td> <td>\$130</td> </tr> <tr> <td><input type="checkbox"/> Associate</td> <td>20</td> <td>125</td> <td>\$145</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td>0</td> <td>55</td> <td>\$55</td> </tr> <tr> <td><input type="checkbox"/> Retired</td> <td>0</td> <td>55</td> <td>\$55</td> </tr> </tbody> </table> <p><small>*Available in the first 12 months after graduation and when accompanied by a copy of your academic transcript</small></p> <p>NB. Please note conditions of membership listed below.</p> | Category | Joining Fee | Annual Fee | Total | <input type="checkbox"/> Professional (Full) | 40 | 215 | \$255 | <input type="checkbox"/> Recent Graduate* | 0 | 130 | \$130 | <input type="checkbox"/> Associate | 20 | 125 | \$145 | <input type="checkbox"/> Student | 0 | 55 | \$55 | <input type="checkbox"/> Retired | 0 | 55 | \$55 |
|---|--|------------|-------------|------------|-------|--|----|-----|-------|---|---|-----|-------|------------------------------------|----|-----|-------|----------------------------------|---|----|------|----------------------------------|---|----|------|
| Category | Joining Fee | Annual Fee | Total | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Professional (Full) | 40 | 215 | \$255 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Recent Graduate* | 0 | 130 | \$130 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Associate | 20 | 125 | \$145 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Student | 0 | 55 | \$55 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Retired | 0 | 55 | \$55 | | | | | | | | | | | | | | | | | | | | | | |

Payment Details:

Payment Method: Cheque Money Order Credit Card Amount Payable \$ _____

Credit Card Type: Visa 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 Code of Ethics.

Signed: _____ Date: _____

- Conditions of membership:**
1. A joining fee is payable in the initial year and if membership lapses
 2. Applications for Professional (Full) membership must be accompanied by a certified copy of qualifications and/or a personal recommendation from a current Professional member of SMA.
 3. Student membership is only available to full-time students and must be accompanied by a copy of current student identification