



Soft Tissue Therapist

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:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Please list any specialisations within your profession _____			
Are you interested in presenting classes or workshops for Sports Trainers? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Membership Fee (incl GST):			
<i>Category</i>	<i>Joining Fee</i>	<i>Annual Fee</i>	<i>Total</i>
<input type="checkbox"/> SMA Soft Tissue Therapist member	40	165	\$205
<input type="checkbox"/> SMA Student member	0	55	\$55
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 Code of Ethics.			
Signed:	_____		Date: _____