AUSTRALASIAN TRAUMA SOCIETY (INC)

ABN 35 665 490 453
www.traumasociety.com.au

Correspondence to: **Membership Secretary**
Australasian Trauma Society (Inc)
PO Box 576, Crows Nest NSW 1585
AUSTRALIA

Ph +61 2 9431 8668
Fax +61 2 9431 8677
Email: ats@theassociationspecialists.com.au

APPLICATION FOR MEMBERSHIP Rule 4(1)

I,.....
..
(Full name of Applicant)

of.....
(Full address of Applicant)

.....
...
(Position/Occupation)

Work Ph…… Fax…… E-mail……

Home Ph…….. Mobile……

Please also advise your area of Trauma Care by ticking the relevant field:

☐ **Doctor** ☐ **Nurse** ☐ **Paramedic** ☐ **Allied Health**

Other:_____

Hereby apply to join as an ordinary/associate (please delete one) member of the above named Incorporated Society. In the event of my admission as a member, I agree to be bound by the rules of the Society for the time being in force.

Signature of applicant..... **Date**.....…

Please tick here ☐ if you do not wish to receive any advertisements or marketing material.

Payment Details

Membership fees are due on or before the 1st July of each year.

Membership Fees – including GST – Please tick type of membership required

Joining Fee (once only)

Ordinary & Associate Members $22.00 Aus

Annual Fee

☐ **Ordinary Members** $209.00 AUD inc GST (Incl. GST)
(Trauma Talk Newsletter, Injury Online and conference discount)

☐ **Associate Members** $140.00 AUD inc GST (Incl. GST)
(Trauma Talk Newsletter and conference discount)

How to Pay:

1. Mail: Cheque payable to: "Australasian Trauma Society" - Po Box 576, Crow's Nest NSW 2065
2. Direct Debit by EFT:

   Account Name: "Australasian Trauma Society Inc"
   BSB: 032-390
   Account Number: 113372
   Please use your name as a reference and email remittance advice to ats@theassociationspecialists.com.au
3. By Credit Card (Visa and MasterCard ONLY)

   Cardholder Name: _____

   Card Number __ __ __ __/ __ __ __ __/ __ __ __ __/__ __ __ __ Expiry Date: __ __/ __ __

   Cardholder Signature: _____