



ASAPO FORM 4/2002.

**APPLICATION FOR MEMBERSHIP/ASSOCIATE/CORPORATE MEMBERSHIP
TO THE SOCIETY**

Name of Applicant: _____.

Position/Hospital/Company:

_____.

Address: _____
_____.

Contact Phone Number: _____ Email Address: _____

Region/Country _____ Date of this Application: _____

Qualifications Held (if relevant):

Title	Institution	Year

Please provide copies of these Qualifications with your application.

TYPE OF MEMBERSHIP APPLIED FOR.

		GST Included.
Membership	Available to persons who do not wish to fully Register. Applicants must hold a recognised qualification. You do hold voting rights.	\$50.00 pa
Associate	Available to persons who do not hold a recognised qualification and wish to receive information and conference updates. There are no voting rights.	\$30.00 pa
Corporate	Available to any Company. The funds obtained from Corporate Membership are utilised for our educational Fund for Membership Continuing Education.	\$550.00 pa

Please attach your Membership Fee to this application. Cheques and Money Orders only. Do not send cash through the mail. A receipt will be issued and your Membership is Tax deductible. The Membership Year is from July to June each year.

This is an **Application Form Only** and does not necessarily mean that membership will be granted.

This application will go to our Membership Committee who will assess each application. The Membership Committee of the Society meets during published Committee meetings of this Society. It is recommended that you apply as early as possible to ensure an adequate time frame to process your application. You will be notified in writing by the Secretary of the results of your application for membership.

Please Return this Form and Accompanying Information to the Secretary.