

## Membership Application Form Valid to 30 June 2018

This PDF is a fillable form. All fields can be digitally entered for ease of completion. Download the form to your computer, save the form & then email it to: [membership@asum.com.au](mailto:membership@asum.com.au)

Your Details								
<b>Title</b>	<input type="checkbox"/> Prof.	<input type="checkbox"/> A/Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other <small>(please specify)</small>
<b>Name</b>	First Name:			Preferred Name:				
	Surname:			Middle Name:				
	Have you ever been a member of ASUM?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>Gender</b>	<input type="checkbox"/> Male		<input type="checkbox"/> Female					
<b>Date of Birth</b>	DOB: dd/mm/yyyy							
<b>Phone No.</b> (incl. area code)	Home:			Mobile:				
	<b>Email address</b>							
<b>Residential Address</b>	Unit No.:	Street No.:	Street Name:					
	Town/Suburb:		State:	Postcode:	Country:			
<b>If you are employed, please complete the employer details</b>	Employer Name:							
	Employer Address:							
	Postal delivery box:							
	Unit No.:	Street No.:	Street Name:					
	Town/Suburb:		State:	Postcode:	Country:			
<b>Employer contact details</b>	Phone no. (including area code)			Fax no. (including area code)				
	<b>Qualifications</b>							
Primary Qualifications (Acronym format):								
Please tick all specialist qualifications you have:								
<input type="checkbox"/> FACEM		<input type="checkbox"/> FCICM		<input type="checkbox"/> DMU				
<input type="checkbox"/> FRANZCOG		<input type="checkbox"/> FACRRM		<input type="checkbox"/> AMS				
<input type="checkbox"/> FRANZCR		<input type="checkbox"/> FANZCA		<input type="checkbox"/> RDMS				
<input type="checkbox"/> FRACS (Vasc)		<input type="checkbox"/> FRACP						
<input type="checkbox"/> FRACS (specialty _____)		<input type="checkbox"/> COGU						
<input type="checkbox"/> FRACGP		<input type="checkbox"/> DDU						
<b>Support Required</b>	<b>1<sup>st</sup> time applicants:</b> As proof of eligibility please <b>either</b> include with this application a copy of your:							
	<input type="checkbox"/> Medical Member: Medical qualification and Fellowship letter / Certificate <input type="checkbox"/> Sonographer Member: Ultrasound certificate / diploma or ASAR certificate <input type="checkbox"/> Registrar Trainee: Letter from medical college							
or	<b>Or AHPRA/ASAR number:</b>							
<b>AHPRA / ASAR Reg. No.</b>	<input type="checkbox"/> _____							
<b>Specialist Areas of Practice</b>	<input type="checkbox"/> anaesthetics		<input type="checkbox"/> general ultrasound		<input type="checkbox"/> obstetrics		<input type="checkbox"/> rural medicine	
	<input type="checkbox"/> breast		<input type="checkbox"/> intensive care		<input type="checkbox"/> gynaecology		<input type="checkbox"/> rheumatology	
<input type="checkbox"/> cardiology/ echocardiography		<input type="checkbox"/> intra-operative		<input type="checkbox"/> paediatrics		<input type="checkbox"/> sports medicine		
<input type="checkbox"/> emergency medicine		<input type="checkbox"/> midwifery		<input type="checkbox"/> physics		<input type="checkbox"/> surgery		
<input type="checkbox"/> fetal medicine		<input type="checkbox"/> musculoskeletal		<input type="checkbox"/> physiotherapy		<input type="checkbox"/> vascular ultrasound		
<input type="checkbox"/> general practice		<input type="checkbox"/> neonatology		<input type="checkbox"/> podiatry		<input type="checkbox"/> veterinary		
		<input type="checkbox"/> nuclear medicine		<input type="checkbox"/> radiography		<input type="checkbox"/> other		
		<input type="checkbox"/> nursing		<input type="checkbox"/> radiology				

Membership Categories & Fees due:		AU\$ <sup>1</sup>	NZ\$
<b>Member Category:</b>	<input type="checkbox"/> Medical Member (doctor / specialist / consultant / scientist): those studying CCPU or DDU	288.00	262.00
	<input type="checkbox"/> Sonographer Member	246.00	224.00
	<input type="checkbox"/> 3 ½ -year Medical Member (Excellent for CCPU & others) (5% saving)	1,718.00	1,561.00
	<input type="checkbox"/> 3-year Sonographer Member (5% saving)	1,466.00	1,333.00
	<input type="checkbox"/> 5-year Medical Member (7% saving)	2,632.00	2,393.00
	<input type="checkbox"/> 5-year Sonographer Member (7% saving)	2,181.00	1,983.00
	<input type="checkbox"/> Registrar Special (Valued at \$288, balance paid by ASUM for up to 3 years – NOT available to those studying CCPU or DDU)	97.00	89.00
	<input type="checkbox"/> Associate Member (vet, nurse, midwife, podiatrist, physio etc.)	206.00	188.00
	<input type="checkbox"/> CAHPU (Allied health professional enrolling in CAHPU)	136.00	123.00
	<input type="checkbox"/> CAHPU Vascular (Valued at \$136; currently covered by ASUM)	Complimentary	
	<input type="checkbox"/> DMU Students (New Zealand residents only eligible to enrol in DMU.) (those already holding a sonographer qualification are not eligible for complementary membership)	Complimentary (subject to <a href="#">eligibility</a> )	
	<input type="checkbox"/> Retired Member (No longer working professionally)	87.00	80.00
	<input type="checkbox"/> Corresponding Member (A member living outside Australia/New Zealand) ** Categories based on World Bank Income: Please check <a href="#">here</a> to confirm which category you are from.		
	<input type="checkbox"/> DMU Asia Alumni 29.00 <input type="checkbox"/> Low income economies 31.00 <input type="checkbox"/> Lower-middle income economies 62.00 <input type="checkbox"/> Upper middle income economies 93.00 <input type="checkbox"/> Higher income economies 174.00		
	<input type="checkbox"/> Non-ASUM Student Member (Valued at \$223: paid by ASUM for up to 2 yrs. while studying) ASUM covers the price of membership for a maximum of two years to (a) students enrolled in an ASAR accredited course that is not the Diploma of Medical Ultrasonography offered by ASUM; and (b) undergrad medical students (on proof of Uni. enrolment). You will need to provide proof of eligibility <u>each year</u> . I am currently studying a postgraduate qualification in sonography or a medical degree at: <input type="checkbox"/> Charles Sturt University – CQ University – QUT <input type="checkbox"/> UniSA – Monash University – Curtin University of Technology <input type="checkbox"/> Otago University – Auckland University – AIHE – Other (please specify)  Sub-specialty: _____ To prove eligibility please provide a copy of your current enrolment in an ASAR accredited course, or medical degree. I anticipate completing this course in: <u>mm / YY</u>		
<b>Optional Items:</b>			
<b>Donation (to Outreach Programs)</b>	ASUM welcomes additional support for ASUM Outreach Programs covering educational projects and scholarships that may be supplementary to its normal expenditure. Our Outreach programs aim to encourage and assist education in diagnostic ultrasound in rural and remote regions of Australia, New Zealand, Asia Pacific and the rest of the world. Such additional donations are acknowledged and gratefully appreciated. Please select the amount you are donating to ASUM Outreach:		
	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500	<input type="checkbox"/> Other \$ _____
<b>Australasian Journal of Ultrasound in Medicine (AJUM)</b>	I would like to <b>opt in*</b> to receive quarterly hard copies Journals: <input type="checkbox"/> \$30 p.a. P&P (AU and NZ) quarterly <input type="checkbox"/> \$60 rest of world, increasing my payment. * If this is not ticked you will <u>not</u> receive hard copy journals. However, members are able to view AJUM online through the member area <a href="#">myASUM</a> .		
<b>Sonographer Professional Indemnity Insurance (PII)* and Public Liability</b>	It is recommended that members have professional indemnity insurance cover independent to that provided by their employer. Public Liability Insurance is also available to ASUM members taking out Professional Indemnity. The professional indemnity insurance is offered to ASUM members by AON, on a financial year membership basis. Please see table below noting pricing for each State/territory factoring in stamp duty:		

<b>Insurance (PLI)*</b>	<b>Standard Premium details</b> (Amounts include all charges):				
		<b>Professional Indemnity Only</b>		<b>Professional Indemnity / Public &amp; Products Liability</b>	
	<b>Region</b>	<b>Employee</b>	<b>Self-Employed</b>	<b>Employee</b>	<b>Self-Employed</b>
	NSW	\$298.03	\$420.75	\$384.66	\$507.38
	ACT	\$290.13	\$407.00	\$372.63	\$489.50
	SA	\$307.52	\$437.25	\$399.09	\$528.83
	VIC/WA/TAS/NT	\$305.94	\$434.50	\$396.69	\$525.25
	QLD	\$304.36	\$431.75	\$394.28	\$521.68
	New Zealand * NZ Dollars	\$317.98*	\$444.48*	\$397.98*	\$524.48*
	<p>To apply for insurance for the 2017/18 year please <a href="#">complete this form</a> and submit it to AON or contact:  ASUM membership on: +61 2 9438 2078 or email: <a href="mailto:membership@asum.com.au">membership@asum.com.au</a> OR  the AON Health Team (in AU): 1800 805 191 or (in NZ) +61 3 9211 3000  <i><b>NB: In line with insurance industry guidelines ASUM does not collect insurance fees.</b></i></p>				
<b>Applicant Signature</b>					
<b>Signature:</b>				<b>Date:</b>	
<b>Payment Method</b>					
<b>For credit card payments – please refer to page 5 of this document</b>					

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Payment Method				
<b>Name:</b> (please print)		<i>Please note: Membership and AJUM payments are tax deductible in AU &amp; NZ. Donations paid are not tax deductible.</i>		
<b>Paying items:</b>	<input type="checkbox"/> Membership Dues AU\$ _____	Member No.: _____		
	<input type="checkbox"/> Outreach Donation AU\$ _____			
	<input type="checkbox"/> AJUM Hardcopy AU\$ _____			
	<b>Total to be deducted \$</b> _____			
<b>Payment via Credit Card / Cheque</b>	<input type="checkbox"/> I wish to pay via credit card / cheque			
	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque in \$AU, drawn on an Australian Bank	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardholder's Name:		Expiry Date: ____/____	CVV (3 digits on the back) _____	
Cardholder's Signature: (electronic signature acceptable)				

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Please forward your completed application form, together with a copy of your qualification by:  
 fax: (61 2) 9438 3686, or  
 email: [membership@asum.com.au](mailto:membership@asum.com.au)

or post to:

Membership  
 Australasian Society for Ultrasound in Medicine  
 Suite 501, 11 Help St  
 Chatswood, NSW, 2067  
 AUSTRALIA