

Online Physics Unit Application Form

Membership year: 1 July 2017 – 30 June 2018

1. This form is to be submitted simultaneously with a completed [ASUM Membership Application Form](#) (if not already a member).
 2. This physics tutorial is included in the ASUM Certificate in Clinician Performed Ultrasound (CCPU). If you are enrolled in the CCPU you do not need to complete this form.
 3. Registration for the Online Physics Unit for the ASUM CCPU enables the registrant to access the tutorial site for 3 months.
- If this form is submitted along with a new Membership Application form you need only supply your name and date of birth here.**

Your Details								
Title	<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 (please specify)
Name	First Name:			Preferred Name:				
	Surname:			Middle Name:				
	Have you ever been a member of ASUM?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female					
Date of Birth	DOB: dd/mm/yyyy							
Phone No. (incl. area code)	Home:			Mobile:				
	Email address							
Residential Address	Unit No.:	Street No.:	Street Name:					
	Town/Suburb:		State:	Postcode:	Country:			
If you are employed, please complete the employer details	Employer Name:							
	Employer Address:							
	Postal delivery box:							
	Unit No.:	Street No.:	Street Name:					
	Town/Suburb:		State:	Postcode:	Country:			
Employer contact details	Phone no. (including area code)				Fax no. (including area code)			
	Enrolment Fee due:							
Enrolment Fee	<input type="checkbox"/> Online Physics Unit enrolment				Australia	<input type="checkbox"/> \$337 ex GST*		
					<input type="checkbox"/> \$371	*GST only applies to candidates in Australia		
Undertaking	<input type="checkbox"/> I have read and understand the information provided to me in the CAHPU Regulations. I hereby undertake to comply with all the conditions set out in the CAHPU Regulations.							
Signature	_____							
<input type="checkbox"/> For credit card payments – please refer to page 2 of this document								

Full name: (please print)														
Payment via Credit Card / Cheque	<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													
	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td>Expiry Date: ____ / ____</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date: ____ / ____
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date: ____ / ____	
	Card verification value (3 digit CVV number on the back of the card):													
	Cardholder's Name:													
Cardholder's Signature:														

This page will be removed and destroyed

Please mail the enrolment application and supporting documentation to:

The CCPU/CAHPU Coordinator
 Australasian Society for Ultrasound in Medicine
 Suite 501, 11 Help St
 Chatswood, NSW, 2067
 AUSTRALIA

*Payment must accompany this form.
 Please allow up to 4 weeks for processing.
 Incomplete applications will be returned.*