



## New Membership Form

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Contact:  Mail  Email

Preferred Billing Address  Mailing Address or  Business Address

Current Mailing Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ Business Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

State \_\_\_\_\_ P/C: \_\_\_\_\_ State: \_\_\_\_\_ P/C \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Profession: \_\_\_\_\_

I would like to have my business information displayed in the SASMA online membership directory

### Tax Invoice

Australian Sports Medicine Federation (SA Branch) Inc.  
ABN: 35 446 122 543

- |                          |   |                     |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | 12 month SASMA Professional Membership    | \$225.00 (inc. GST) |
| <input type="checkbox"/> | 12 month SASMA International Membership   | \$200.00 (inc. GST) |
| <input type="checkbox"/> | 12 month SASMA Associate Membership       | \$135.00 (inc. GST) |
| <input type="checkbox"/> | 12 month SASMA Recent Graduate Membership | \$130.00 (inc GST)  |
| <input type="checkbox"/> | 12 month SASMA Student Membership         | \$55.00 (inc GST)   |
| <input type="checkbox"/> | 12 month SASMA Retired Membership         | \$55.00 (inc GST)   |

*\*Joining Fee for new members – Waived\*\* (normally \$20.00)*

*\*New members are required to provide a copy of their qualifications with their membership application.*

### Direct Bank Deposit:

Account: Australian Sports Med Fed SA Branch  
Inc

BSB: 015-214 Account No: 4014 50838  
Message / Reference: MbrNEW "Surname"

**Cheques to:** Australian Sports Medicine  
Federation (SA Branch) Inc

**Credit Card** MasterCard Visa

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_ - 20\_\_ CVC/CVV #: \_\_\_

Card Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Declarations:

I certify that the information supplied on and with this form is true and correct. I agree to abide by the SA Sports Medicine Association Code of Ethics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_