



AAPSM and SMA JOINT MEMBERSHIP APPLICATION

Title: _____ First Name: _____ Surname: _____ DOB: _____

Home Address

Street/PO Box _____

Suburb: _____ State: _____ P'code _____

Business Address

Business Name _____

Street/PO Box _____

Suburb: _____ State: _____ P'code _____

Preferred Mailing Address Home / Business

Contact Details:

Business: () _____ Home: () _____ Mobile _____

Fax () _____ Email: _____

NB Email address is necessary to access the SMA member database.

Profession: _____

Qualification/s	(Institution)	(Year Completed)
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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NOTE: If you are applying for **student membership**. Please state the course you are studying and the year you plan to complete it in the space provided above.

Please list any specialisations within your profession _____

Please list any sporting interests: _____

Are you interested in presenting classes or workshops for Sports Trainers? Yes/No

Desired Membership Category

Joint AAPSM/ SMA Member

Student

Membership Fees (inc. of GST):

	Annual Fee
Joint AAPSM/ SMA Member	\$320
Student	\$55

Student Membership is only available to full time students and must be accompanied by a copy of current student identification.

Payment Details:

Membership Fee : _____

TOTAL PAYABLE : _____

Please tick appropriate boxes for verification of enclosed payment: Cheque Money Order Credit Card

Circle Credit Card Type: Mastercard / Visa

-----/-----/-----/----- Expiry Date _____

Full Name on Credit Card _____

Signature for Authorisation _____

Declarations:

I certify that the information supplied on and with this form is true and correct.

Signed: _____ Date: _____

I hereby agree to abide by the Sports Medicine Australia and AAPSM Codes of Ethics

Signed: _____ Date: _____

Please mail this form to:

Sports Medicine Australia
PO Box 3176
RHODES NSW 2138

OR: Fax to: 02 8116 9760