

Membership Application Form

ABN: 83 604 341 559

*Title: _____ *Name: _____

Position: _____

Hospital/Practice/Self-employed: _____

Preferred Postal Address: _____

Post Code: _____

* Work Email: _____

Preferred Email: _____

*Phone: (work hours) _____

Mobile: _____

Please tell us a little about yourself:

How would you describe your current role?	<input type="checkbox"/> Rehabilitation Medicine Trainee (currently registered with AFRM) <input type="checkbox"/> Practising Rehabilitation Physician <input type="checkbox"/> Semi-Retired Rehabilitation Physician <input type="checkbox"/> Retired from Clinical Practice <input type="checkbox"/> Other _____
If a Fellow of the Australasian Faculty of Rehabilitation Medicine, what is your Fellowship number?	_____
In what year were you granted Fellowship?	_____

If you have any areas of special interest, please tick the appropriate boxes:

- Spinal Cord Injury & Disease Neurological Disease Traumatic Brain Injury Prosthetics & Orthotics
 Musculoskeletal Medicine Paediatric Rehabilitation Illness and Injury in Older People
 Pain Medicine Occupational Injury Medico-Legal General Rehabilitation
 Other: _____

MEMBERSHIP CATEGORIES

- \$330.00 Ordinary Membership (GST Inclusive) if payment received BEFORE 8 May 2015.
 \$385.00 Ordinary Membership (GST Inclusive) if payment received AFTER 8 May 2015.
 FREE AFRM Trainees / Retired FAFRMs

More information on RMSANZ membership can be found at: <http://www.rmsanz.net>

DONATIONS

If you would like to support the RMSANZ by making a donation, please complete the following, and include the additional amount when paying your membership fees.

- I wish to make a donation of \$ _____ to RMSANZ.

PAYMENT METHODS

Total amount being paid: \$ _____

Cheque (Please make cheque out to "RMSANZ Ltd.")

Direct Deposit Details – Westpac Account for **Rehabilitation Medicine Society of Australia & New Zealand Ltd**

BSB: 032621 Account No: 553800

Please record your name in the "Message/Reference" field of your Internet Banking site.

APPLICANT DECLARATION:

The RMSANZ Constitution March 2015 is available at: <http://www.rmsanz.net>

I confirm that I have read the Constitution of the Rehabilitation Medicine Society of Australia and New Zealand Ltd (RMSANZ) dated March 2015 and that, as a Member of RMSANZ, I agree to be bound by that Constitution and any of its related By-Laws which may apply from time to time.

I will abide by and uphold the Objects of the Constitution as set out in Clause 2.3 in a manner which promotes the professionalism and integrity of Rehabilitation Medicine practice.

I understand that RMSANZ is a not-for-profit company limited by guarantee and that my guarantee is limited to twenty dollars (AUD \$20.00).

I certify that I meet the eligibility criteria for the membership category applied for on this form and that I will immediately advise RMSANZ of any change in eligibility.

I hereby authorise my name to be placed in the 2015/2016 Register of Members.

Signature _____

Date _____

Complete this form, sign, scan, save & email to:

Sybil Cumming (RMSANZ Administrator) at rehabmedaust@gmail.com

Or post to: RMSANZ Administrative Officer, P.O. Box 777, Cairns, QLD 4870

RECEIPT / INVOICE

This document will become your **RECEIPT / INVOICE** when completed & payment is made in full so please keep a copy for your records.

PRIVACY DISCLAIMER

The collection of these details is primarily so that we can register you as a member of RMSANZ. This information will be stored in the RMSANZ database and may be used for future marketing of RMSANZ events. As a service to its members the RMSANZ will provide your name and business contact details (only those sections marked with an asterisk *in the first section of this form) to other members of the RMSANZ upon request. If you do not wish your details to be made available, please tick this box . If you do not tick the box, then RMSANZ will consider that the individuals completing this form consent to their personal details being used in the manner indicated.