



**NRRTW Special Offer - Join before 9 November for your chance to win one of two \$500.00 gift vouchers**

**ASMIRT MEMBERSHIP APPLICATION FORM**

**(1 November 2020 to 30 June 2021)**

**CONTACT DETAILS**

**PERSONAL DETAILS**

|  |  |  |  |              |  |  |  |                 |  |  |  |
|--|--|--|--|--------------|--|--|--|-----------------|--|--|--|
| <b>SURNAME</b>   |  |  |  |              |  |  |  |                 |  |  |  |
| <b>MAIDEN NAME (If Applicable)</b>                       |  |  |  |              |  |  |  |                 |  |  |  |
| <b>GIVEN NAMES</b>                                       |  |  |  |              |  |  |  |                 |  |  |  |
| <b>TITLE: MR/MRS/MS/MISS/OTHER</b>                       |  |  |  |              |  |  |  |                 |  |  |  |
| <b>DATE OF BIRTH</b>                                     |  |  |  |              |  |  |  |                 |  |  |  |
| <b>POSTAL ADDRESS</b>                                    |  |  |  |              |  |  |  |                 |  |  |  |
|  |  |  |  |              |  |  |  |                 |  |  |  |
| <b>TOWN/SUBURB</b>                                       |  |  |  | <b>STATE</b> |  |  |  | <b>POSTCODE</b> |  |  |  |
| <b>COUNTRY (Applicable for Overseas Applicants only)</b> |  |  |  |              |  |  |  |                 |  |  |  |
| <b>TEL (M)</b>   |  |  |  |              |  |  |  | <b>TEL (H)</b>  |  |  |  |
| <b>EMAIL</b>   |  |  |  |              |  |  |  |                 |  |  |  |

**Are you of Aboriginal or Torres Strait Islander origin?**

|           |                        |                                    |  |
|-----------|------------------------|------------------------------------|--|
| <b>No</b> | <b>Yes, Aboriginal</b> | <b>Yes, Torres Strait Islander</b> | <b>Yes, both Aboriginal &amp; Torres Strait Islander</b> |
|-----------|------------------------|------------------------------------|--|

**SUPERVISED PRACTICE PROGRAM (SPP) (if applicable) / EMPLOYER DETAILS**

|                         |  |  |  |                            |  |  |  |                 |  |  |  |
|-------------------------|--|--|--|----------------------------|--|--|--|-----------------|--|--|--|
| <b>SPP START DATE</b>   |  |  |  | <b>SPP COMPLETION DATE</b> |  |  |  |                 |  |  |  |
| <b>EMPLOYER NAME</b>    |  |  |  |                            |  |  |  |                 |  |  |  |
| <b>EMPLOYER ADDRESS</b> |  |  |  |                            |  |  |  |                 |  |  |  |
|                         |  |  |  |                            |  |  |  |                 |  |  |  |
| <b>TOWN/SUBURB</b>      |  |  |  | <b>STATE</b>               |  |  |  | <b>POSTCODE</b> |  |  |  |
| <b>TEL (W)</b>          |  |  |  |                            |  |  |  |                 |  |  |  |
| <b>EMAIL</b>            |  |  |  |                            |  |  |  |                 |  |  |  |

**UNIVERSITY AND QUALIFICATION**

|                                     |                    |                               |                         |
|-------------------------------------|--------------------|-------------------------------|-------------------------|
| <b>DISCIPLINE<br/>(Please tick)</b> | <b>Radiography</b> | <b>Radiation Therapy</b>      | <b>Nuclear Medicine</b> |
|                                     | <b>Sonography</b>  | <b>Other (please specify)</b> |                         |

**Country of Qualification**

|                  |                    |                   |
|------------------|--------------------|-------------------|
| <b>Australia</b> | <b>New Zealand</b> | <b>Overseas *</b> |
|------------------|--------------------|-------------------|

**\*Please note if you currently have an overseas assessment application submitted OR have not successfully undertaken an Overseas Assessment with ASMIRT you are only eligible for Non-Voting 5 Membership.**

|                                |  |
|--------------------------------|--|
| <b>Name of University</b>      |  |
| <b>Qualification Conferred</b> |  |
| <b>Year of Completion</b>      |  |

**MRPBA / ASAR REGISTRATION DETAILS**

|   |  |
|---|--|
| Please provide your MRPBA or ASAR Registration Number |  |
|---|--|

## Membership Voting and Non-Voting Categories and Fees

**Pro-Rata Membership Fees – 01 November 2020 to 30 June 2021 (please select below)**

|                                |                            |   |
|--------------------------------|----------------------------|---|
| <b>Voting Member – V1</b>      | <b>\$382.00</b> (inc. GST) | For eligible practitioners working clinically. (Includes full member benefits)  |
| <b>Voting Member – V2</b>      | <b>\$234.00</b> (inc. GST) | For eligible practitioners not working clinically. Includes Maternity Leave, Sick Leave, Full Time PhD Candidates, Non-Clinical Academic Lecturers and MRS related Commercial Entities (eg Sales Rep). (Member benefits exclude PI Insurance) |
| <b>Voting Member – V3</b>      | <b>\$189.35</b> (inc. GST) | For eligible practitioners undertaking an MRPBA Supervised Practice Program (SPP). (Includes full member benefits)  |
| <b>Voting Member – V4</b>      | <b>\$83.35</b> (inc. GST)  | For eligible practitioners who have permanently retired from their engagement within the Medical Radiation Science professions. (Member benefits exclude PI Insurance)  |
| <b>Non-Voting Member – NV5</b> | <b>\$266.65</b> (inc. GST) | Practitioners who do not hold an ASMIRT recognised relevant qualification in Medical Radiation Science. (Member benefits exclude PI Insurance)  |
| <b>TOTAL AMOUNT (inc. GST)</b> | <b>\$</b>                  |   |

Please tick payment option below – Cheque, Credit Card or Direct Debit.

**CHEQUE** – Please make payable to “**Australian Society of Medical Imaging and Radiation Therapy**” (AUD only)

**CREDIT CARD** (Please tick):                      **MASTERCARD**                      **VISA**                      **AMERICAN EXPRESS**

**CREDIT CARD NUMBER**

**EXPIRY DATE**

**CCV NO.**

**CARDHOLDER'S NAME**

**CARDHOLDER'S SIGNATURE**

**DIRECT DEBIT** For credit card please tick preferred option, either Fortnightly or Monthly Deductions.

**FORTNIGHTLY**

**MONTHLY**

To pay from a **bank account**, please complete the [Direct Debit Request Form](#).

**Please email completed application form and Direct Debit Request Form (if applicable) to [membership@asmirt.org](mailto:membership@asmirt.org) by Sunday 8 November 2020.**

