



ASMIRT MEMBERSHIP APPLICATION FORM

(1 July 2020 to 30 June 2021)

CONTACT DETAILS

PERSONAL DETAILS

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

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal & Torres Strait Islander

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

SPP START DATE				SPP COMPLETION DATE							
EMPLOYER NAME											
EMPLOYER ADDRESS											
TOWN/SUBURB				STATE				POSTCODE			
TEL (W)											
EMAIL											

UNIVERSITY AND QUALIFICATION

DISCIPLINE (Please tick)	<input type="checkbox"/> Radiography	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Nuclear Medicine
	<input type="checkbox"/> Sonography	<input type="checkbox"/> Other (please specify)	

Country of Qualification

Australia New Zealand Overseas *

***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.**

Name of University	
Qualification Conferred	
Year of Completion	

AHPRA / ASAR REGISTRATION DETAILS

Please provide your AHPRA or ASAR Registration Number	
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Membership Voting and Non-Voting Categories and Fees

Pro-Rata Fees Apply – 01 July 2020 to 30 June 2021

Voting Member - V1	<input type="checkbox"/> \$143.25	For eligible practitioners working clinically. (Includes full member benefits)
Voting Member - V2	<input type="checkbox"/> \$87.75	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)
Voting Member - V3	<input type="checkbox"/> \$71.00	For eligible practitioners undertaking an MRPBA Supervised Practice Program (SPP). (Includes full member benefits)
Voting Member - V4	<input type="checkbox"/> \$31.25	For eligible practitioners who have permanently retired from their engagement within the Medical Radiation Science professions. (Member benefits exclude PI Insurance)
Non-Voting Member - NV5	<input type="checkbox"/> \$100.00	Practitioners who do not hold an ASMIRT recognised relevant qualification in Medical Radiation Science. (Member benefits exclude PI Insurance)

PAYMENT AUTHORITY

SUBSCRIPTION AMOUNT

\$

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

EXPIRY DATE

CCV NO.

CARDHOLDER'S NAME (Please print 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.

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Registered Office:

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