Australian Society of Medical Imaging and Radiation Therapy
The national professional organisation representing medical radiation practitioners
ABN 26 924 779 836

APPLICATION FOR ADVANCE PRACTICE CREDENTIALLING

This application form, when completed, is to be forwarded to the Chief Executive of the Society

accompanied by the prescribed fee

APPLICANT'S DECLARATION

I, _____ _____
(Family Name in Full) (Given Names in Full)

Of _____ _____ _____ _____
Street address Suburb State Postal code

being a Financial Voting Member of the Australian Society of Medical Imaging and Radiation Therapy hereby make application to submit documentation for advanced practice credentialling:-

Medical Imaging ☐ Radiation Therapy ☐ or Nuclear Medicine ☐

MEMBERSHIP NO.		MEMBERSHIP DIPLOMA NO.	
DATE OF ADMISSION AS A VOTING MEMBER			
BRIEF PROFESSIONAL/EMPLOYMENT HISTORY			
PRESENT EMPLOYER			
BUSINESS ADDRESS			
TEL (HOME)		TEL (BUSINESS)	
TEL (MOBILE)		EMAIL	
Signed		Date	

OFFICE USE ONLY

The above details, in regards to membership, have been verified and the appropriate fee received.

Chief Executive _____ Date _____

PAYMENT AUTHORITY	
COST	Member > 1yr continuous membership
TOTAL AMOUNT (Including GST)	**$** $1305.00 (inc GST) - < 1 yr continous membership
☐ Cheque – Please make payable to "**Australian Society of Medical Imaging and Radiation Therapy"** (Australian Dollars Only)	
CREDIT CARD (Please tick): ☐ **MASTERCARD** ☐ **VISA** ☐ **AMERICAN EXPRESS**	
EXPIRY DATE	**CCV NO. (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX)**
CARDHOLDER'S NAME	
CARDHOLDER'S SIGNATURE	

ALTERNATIVE PAYMENT METHOD

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5679675

Quote Ref: Invoice #, or email remittance advice to finance@asmirt.org

To submit via post,
Please print and send to
PO Box 16234, Collins Street West, VIC 8007

To submit via email,
Click here or click on File > Send file. The form will then attach in your email client. Forms can be sent to execoff@asmirt.org

To submit via fax,
Please print and fax to 03 9416 0783

Registered Office:
Suite 1040, Level 10
1 Queens Road
Melbourne VIC 3004
Australia

All Correspondence to:
PO Box 16234
Collins Street West
VIC 8007
Australia

Contact Us:
T +61 3 9419 3336
F +61 3 9416 0783
W www.asmirt.org