Australian Society of Medical Imaging and Radiation Therapy

Empowering medical radiation practioners for the health of all Australians

ABN 26 924 779 836

APPLICATION FOR FELLOWSHIP

The completed application form should be forwarded to the Chief Executive of the Society accompanied by the prescribed fee of $330.00 (incl. GST)

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 of at least 5 years continuous membership, hereby make application to submit documentation for points accumulation in:-

Diagnostic Imaging ☐ Radiation Therapy ☐ Nuclear Medicine ☐

for Fellowship of the Society, as provided in the relevant Fellowship Guidelines.

MEMBERSHIP NO.	
DATE OF ADMISSION AS A VOTING MEMBER	

Signed _____ **Date** _____

OFFICE USE ONLY

The above details, in regards to membership, have been verified and the fee of $330.00 received.

Chief Executive _____ Date _____

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
W. www.asmirt.org

PAYMENT AUTHORITY			
COST	**$330.00 (inc GST)**		
TOTAL AMOUNT (Including GST)			
☐ 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: Name and Membership # in the receipt and email remittance advice to execoff@asmirt.org and certification@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

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