



AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES

Incorporated

A.B.N. 20 108 151 091

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ASID website: www.asid.net.au

Application for Membership

Applicant Information:

Name in Full (surname first): Dr / Mr / Mrs / Ms/ Prof/ A/Prof.....

Title Surname First Names

Qualification: MBBS FRACP FRCPA PhD Other
Name

Current Job Title:

Institution/Organisation:

Postal Address:

Telephone: Facsimile:

Email: Date of birth: / /

MEMBERSHIP CATEGORY:

ASSOCIATE MEMBER \$65 per annum + \$30 joining fee +GST for Australian members

Medical specialist trainee: FRACP (ID) FRCPA (Microbiology) Joint FRACP/FRCPA

Infection Control practitioner Expected date completion of training: / /

Other: (Give details)

FULL MEMBER \$200 per annum + \$30 joining fee + GST for Australian members

Infectious Diseases Physician FRACP Date obtained / /

Other Date obtained / /

Clinical Microbiologist FRCPA Date obtained / /

Other Date obtained / /

Medical Scientist PhD Date obtained / /

Other Date obtained / /

Other Date obtained / /

N.B. Do not send subscription fee until application is approved.

Referees: (must be Full Members of the Australasian Society for Infectious Diseases)

Proposed by: Name:.....Signature

Seconded by: Name:.....Signature

..... (Signature of Applicant) Date:

ALL APPLICATIONS MUST BE ACCOMPANIED BY A CURRENT COPY OF YOUR CURRICULUM VITAE

ASID complies with the national privacy legislation, The Privacy Amendment (Private Sector) Act 2001. In accordance with the Society's Disclosure Policy, I authorise ASID Council to disclose my contact details, including preferred mailing address, phone, fax and email, to third parties deemed appropriate by ASID Council (but only in accordance with the ASID Private Policy – available on ASID website).

..... (Signature)

..... (Date)