



**AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES Incorporated**  
A.B.N. 20 108 151 093

145 Macquarie Street Sydney NSW 2000 Australia. Phone: 02 9256 5475 Fax 02 9256 9692  
email: asid @ racp.edu.au ASID website: www.asid.net.au

**Application for Membership**

I hereby apply for membership of the Australasian Society for Infectious Diseases. In support of my application I supply the following information.

**Name in Full (surname first):** .....

**Title (please tick):** Prof  A/Prof  Dr  Other

**Are you an advanced trainee?** Yes  No  **Associate membership** = \$60.00 per annum & \$30.00 joining fee (+GST for Australian members)

**FRACP (Infectious Diseases)** Yes  No  \***Year FRACP obtained:** .....

\* **If FRACP was awarded in another specialty, please indicate:** .....

**FRCPA (Microbiology)** Yes  No  **Full membership** = \$190.00 per annum & \$30.00 joining fee (+GST for Australian members)

**Other:** .....

**Postal Address:** .....  
.....

**Telephone:** ..... **Facsimile:** .....

**Email:**..... **Date of birth:** / /

**Nature of present medical practice:** .....  
.....

**Current Appointment:** .....

**ALL APPLICATIONS ARE TO BE ACCOMPANIED BY A CURRENT COPY OF CURRICULUM VITAE**

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

**Proposed by:** Name:.....Signature .....

**Seconded by:** Name:.....Signature .....

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

ASID complies with the new, national privacy legislation, The Privacy Amendment (Private Sector) Act 2001, effective 21<sup>st</sup> December 2001. In accordance with the Society's separately advised 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 - attached).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)