



## Application for membership of the Australian Society for Psychological Medicine

Thank you for your interest in the Society. Membership is open to medical practitioners registered in Australia or New Zealand. In addition, individuals who are not registered medical practitioners are invited to join as Friends of the Society, entitled to all benefits of membership except the right to vote at Society meetings or to hold office.

APPLICATION TYPE: Member  Friend  RACGP/ACRRM No \_\_\_\_\_

Title \_\_\_\_\_ Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City / Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Phone – Home: ( ) \_\_\_\_\_ Phone – Work: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Qualifications:** Please provide FULL NAME of any degree or diploma and of the INSTITUTION and YEAR of graduation.

Primary medical qualifications (if applicable): \_\_\_\_\_

Other undergraduate qualifications: \_\_\_\_\_

Postgraduate qualifications: \_\_\_\_\_

Clinical interests: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Please provide a brief description of your practice—eg. general practice only, psychological medicine only or mixed; solo or group practice; the setting - private practice, community clinic, hospital, etc. Please include approximate hours worked per week, including the number of hours devoted to psychological medicine, and your reasons for/hopes in joining the society: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### How to Pay

Annual membership (financial year): \$300.00

If joining between Jan and Mar: \$200.00 for that year

Retired applicants: \$125

If joining between Oct and Dec: \$250.00 for that year

If joining between April and June: \$150.00 for that year.

#### By electronic funds transfer (EFT) –

**BSB: 082-204 A/c: 58-786-2637** RECORD YOUR NAME in the REFERENCE FIELD and forward receipt number to

[admin@aspm.org.au](mailto:admin@aspm.org.au)

#### Cheque or money order to:

Australian Society for Psychological  
Medicine

PO Box 3625

**WAREEMBA NSW 2046**

#### Credit Card:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan & email or fax completed application form. Email: [admin@aspm.org.au](mailto:admin@aspm.org.au) Fax: (02) 9012 0546