

**Address:**  
27 Valetta Road  
Kidman park  
South Australia 5025

**Telephone:**  
(08) 8234 6369

**Postal Address:**  
PO Box 219  
Brooklyn Park  
South Australia 5032



## New Member Form

### Personal Details

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>	<b>D.O.B:</b>
<b>Organisation:</b>	<b>Profession:</b>		
<b>Business Address:</b>			
<b>Business Phone:</b>		<b>Business Fax:</b>	
<b>Business Website:</b>			
<b>Mailing Address:</b>		<b>Suburb:</b>	
		<b>State:</b>	
		<b>Postcode:</b>	
<b>Mobile:</b>	<b>Home Phone:</b>		
<b>Email:</b>			
<b>Preferred Contact:</b>	<input type="checkbox"/> Business Address	<input type="checkbox"/> Email	<input type="checkbox"/> Home Address

### Membership Directory:

I would like to have my business information displayed in the SASMA Online Membership Directory

### Declarations

I certify that the information supplied on and with this form is true and correct. I agree to abide by the SA Sports Medicine Association Code of Ethics.

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

### Membership

Australian Sports Medicine Federation (SA Branch) Inc.

ABN: 35 446 122 543

- 12 month SASMA Professional Membership \$235.00 (inc. GST)
- 12 month SASMA International Membership \$235.00 (inc. GST)
- 12 month SASMA Associate Membership \$145.00 (inc. GST)
- 2 Year SASMA Recent Graduate Membership \$135.00 (inc GST)
- 12 month SASMA Student Membership \$55.00 (inc GST)
- 12 month SASMA Retired Membership \$55.00 (inc GST)

Joining fee for new members is \$20.00

New members are required to provide a copy of their qualifications with their membership application

Payment Method (Please tick)		
<b>Credit Card</b> <input type="checkbox"/> Direct Debit Annually* <input type="checkbox"/> Once off payment	<input type="checkbox"/> <b>Direct Bank Deposit</b> <b>Account:</b> Australian Sports Med Fed SA Branch Inc <b>BSB:</b> 015-214 <b>Account No:</b> 4014 50838 <b>Message / Reference:</b>	<input type="checkbox"/> <b>Cheque</b> <b>To:</b> Australian Sports Medicine Federation (SA Branch) Inc
<i>* By selecting direct debit, your credit card will be debited annually on the date of renewal until notified. Please complete Card Holder Details and page two of the membership form.</i>		
<b>Card Holder Details</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Master card	
Card Holder Name:		
Card Number:		
CVV Number:		
Expiry Date:           /	<b>Signature:</b>	

**Request to Debiting amount to accounts by the direct debit system**

I/we request and authorise South Australian Sports Medicine Association, until further notice, to arrange payment of my SASMA Membership as per details above, by debiting my savings/cheque/credit card account as described in the form above. I acknowledge that SASMA may terminate this request at any time by written or verbal notice and I must adopt an alternative method of payment.

**Name and address of financial institution at which your account is held:** \_\_\_\_\_  
 \_\_\_\_\_

I \_\_\_\_\_ *Full Name* authorise, South Australian Sports Medicine Association to arrange for funds to be debited from my/our account at the Financial Institution identified above. This authority is to remain in force in accordance with the terms described in the Direct Debit Service Agreement.

I acknowledge that in signing this document in the space below that I have received a copy of the direct debit request and understand that this direct debit arrangement is governed by the terms described in the Direct Debit Service Agreement\*

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

\*To view the Direct Debit Service Agreement go to: <http://bit.ly/2rOQHdp>