Ordinary Membership Application Form



The ASA vision and mission

The ASA vision is to support, represent and educate our members to enable the provision of the safe anaesthesia to the community.

The ASA mission is to enable medical practitioners in the specialty of anaesthesia to achieve best practice in the following:

- Safe, high quality patient care,
- · Engagement in planning and delivering health care services,
- Compliance with professional obligations,
- · Continuing Medical Education, research and publications,
- Personal health and welfare,
- Leading advocacy on economic, industrial and workplace issues,
- Philanthropic service and contribution to the developing world,
- Preservation of the history of the specialty.

Classes of Membership

The following doctors are qualified to apply for Ordinary Membership:

- (a) Medical practitioners, registered to practice in a State or Territory of Australia who are Fellows of the Australian and New Zealand College of Anaesthetists; or
- (b) Medical practitioners registered to practice in a State or Territory in Australia who have completed training and hold a postgraduate qualification acceptable to the Australian and New Zealand College of Anaesthetists and the Society, who have achieved specialist recognition in Australia.

For information on membership services and rates please visit the ASA website (www.asa.org.au) or contact the ASA Membership team on 1800 806 654.

Benefits of Membership

As a member, you will be entitled to a range of benefits, outlined below:

- Advice on Medicare and Health Insurance Fund rebates
- DoHA and Economic representation at all levels of government and stakeholder organisations
- Anaesthesia and Intensive Care Journal
- · Australian Anaesthetist magazine
- Relative Value Guide
- Access to resources aimed to assist with your practice's needs such as: Anaesthesia and You brochures, Informed Financial Consent forms, Medical Warning Cards and Anaesthetic Charts
- Reduced registration fees to the National Scientific Congress (NSC)
- · Free Locum and Position Vacant service
- Access to continuing professional development resources such as iamonline's interactive learning modules

How to apply for membership

Online - You can complete your application form online via our website at www.asa.org.au - simply click on the **Membership Tab** and then choose **'How to Join'** from the drop down menu and follow the prompts to apply online.

Hardcopy

Complete the form overleaf and return to the ASA for processing:

Email: membership@asa.org.au

Mail: PO Box 76, St Leonards NSW 1590, Australia

Proposer - Your application must be proposed by an ASA Ordinary Member. **However, if you do not know an ASA Ordinary Member please tick the relevant box and leave section blank.**

Your application will be acknowledged upon receipt by the Membership team. The application will then be forwarded to the relevant State Chair and then to the Membership Application Committee for approval. Applications are generally approved in 3 business days.

Ordinary Membership Application Form



Section 1 - Personal & Contact Details Title: Family name: Given names: Date of birth (DD/MM/YYYY): Gender: Female Male Non-binary Nationality: Indigenous Australian Other Address: Suburb: State: Postcode: Country: *Email address * A valid email address is required to receive e-news broadcasts Work Ph: Home Ph: Mobile: Do not display details Unless indicated in the "Do not display details" box, your Full Name, State of Residency and Membership Category details will be published in the ASA magazine. **Section 2 - Membership Details** I would like to apply for Ordinary membership (e.g. VMO, Staff Specialist or Anaesthetist in Private Practice) ☐ Yes ☐ No Do you have current Commonwealth Government specialist recognition? ☐ Yes ☐ No Are you a Fellow of the Australian New Zealand College of Anaesthetists? What is the main reason(s) for joining the ASA? You may select more than one. Representation and lobbying to government Other, please specify: Access to publications and resources ☐ Education and professional development ☐ Special Interest Groups Overseas Aid ☐ Events Section 3 - Academic Details **Undergraduate Qualifications** University Year of graduation Post-graduate Qualifications Year of graduation Post-graduate Qualifications Year of graduation ☐ FANZCA Section 4 - Employment Details Hospital Position Start date Finish date Current Section 5 - Proposer Details. Please print name and sign Don't know an ASA Ordinary Member? Please leave blank and the Membership Services Team will request the State Chair to nominate on your behalf. ☐ I being an Ordinary member of the Australian Society of Anaesthetists propose the applicant be granted membership of the ASA. Proposer's Name:

Section 6 – Applicant's Declaration. Please print name and sign

I declare that the information given in this application is true and correct. I agree to abide by the ASA's Constitution & Bylaws.

Applicant's Name: Applicant's Signature: Date:

ASA office use only (sign and date)

Membership Date

State Secretary Date

Proposer's Signature:

CEO

The Australian Society of Anaesthetists (ASA) collects your personal information so that we can properly represent the economic, workforce and professional interests of Australian anaesthetists. The ASA will take reasonable steps to keep your information secure and confidential, and will not, except as required by law, disclose your personal information to third parties without your consent. The ASA respects your right to access your personal information and encourages you to contact us, should you wish to amend, change or otherwise advise the ASA about the use of your personal information. Further advice about personal information can be found on the Office of the Australian Information Commissioner website at: www.oaic.gov.au

Date: