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|  | **Australasian Wilderness & Expedition Medicine Society Inc.**  Reg. No. A0102947I  PO Box 48, Beechworth VIC 3747 | **Membership Application** |

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| Preferred Title: | Full Name: | | | | | | | Suffixes (if any): | | |
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| Postal Address: | | | | | | | | | | |
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| Home Telephone: | | | | Mobile Telephone: | | | Work Telephone: | | | |
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| Preferred Email Address: | | | | | | | | | | |
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| Profession: | | | | | | | | | | |
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| Academic Qualifications: | | | | | | | | | | |
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| Fellowships (if any): | | | | | | | | | | |
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| Professional Memberships: | | | | | | | | | | |
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| Completed Wilderness and/or Expedition Medicine Courses and Years: | | | | | | | | | | |
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| Relevant Wilderness and/or Expedition Medicine Experience: | | | | | | | | | | |
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| Why are you interested in joining AWEMS? | | | | | | | | | | |
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| In addition to your professional skills, what other skills might you be able to offer in support of AWEMS activities? | | | | | | | | | | |
| What areas of Wilderness and/or Expedition Medicine are you mainly interested in? (Tick as many as apply) | | | | | | | | | | |
| Aeromedical Retrieval | |  | Diving Medicine | |  | Polar Medicine | |  | Space Medicine |  |
| Alpine Rescue | |  | Education/Outreach | |  | Psychosocial | |  | Sports/Endurance |  |
| Aquatic Activities | |  | Expedition Medicine | |  | Remote Medicine | |  | Telemedicine |  |
| Aviation Medicine | |  | Military Medicine | |  | Rural Medicine | |  | Tropical Medicine |  |
| Disaster Medicine | |  | Mountain Medicine | |  | Ski Patrol | |  | Wilderness Medicine |  |

I, ..........................................................................................................................................................,

(*name and occupation*)

of .........................................................................................................................................................

(*address*)

desire to become a member of the Australasian Wilderness and Expedition Medicine Society Inc. (the **Association**). I support the purposes of the Association and, in the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Full membership (12 months)  *(New membership or renewal)* | 🗙 ✔ | A$50.00 |
| Full membership (3 years) *\*Pay in advance and fix your membership cost* | 🗙 ✔ | A$150.00 |
| Founding Member (12 months)*Full membership & a once off donation of $100 to be a named Founding Member on the AWEMS website\*Available for until June 30th 2020 only. Please indicate if you would NOT like your name published on the founding member list on the AWEMS website* | 🗙 ✔ | A$150.00 |
| Student Membership (12 months) *\*Evidence must be provided of current full-time student status at the time of submitting your application e.g., copy of student ID card.* | 🗙 ✔ | A$25.00 |
| Donation to AWEMS (this is NOT tax deductible at present) | 🗙 ✔ | A$ |
| **TOTAL AMOUNT**: |  | **A$** |

\* If paying 3 year and Founding memberships together – total cost $250

Thank you for your application. This will be reviewed at our next committee meeting and once accepted you will be invoiced. A membership certificate will be issued upon payment.

We look forward to working with you to grow the wilderness medicine community in Australasia.

**Send to:** Secretary Australasian Wilderness and Expedition Medicine Society Inc., PO Box 48, BEECHWORTH VIC 3747 or email to [secretary@awems.org.au](mailto:secretary@awems.org.au)