



Membership Registration Form

Name: _____
Surname _____ Other names _____

Business Address _____
City _____
State: _____ Postcode: _____
Country: _____

Home Address: _____
City _____
State: _____ Postcode: _____
Country: _____

Work Phone: _____ **Work Fax:** _____
Home Phone: _____ **Home Fax:** _____
Mobile Phone: _____ **Email Address:** _____

Preferred mailing address: _____

Please provide information regarding your area(s) of musculoskeletal expertise and interest

Regions

All Spinal Appendicular
Other:

Pathology

All Arthritis Tumours Sports Trauma
Other:

Modalities

All CT MRI Ultrasound Nuclear Medicine Anthrography
Other:

Please include your registration fee of \$200 (*cheques made out to AMSIG*), a copy of your CV & sponsorship letters from one current member.

Please send to:
Ms Melissa Tague
Secretariat
AMSIG
C/- RANZCR
Level 9, 51 Druitt Street
SYDNEY NSW 2000