

Name: Title: _____ First Name: _____

Surname: _____

ADDRESS: _____
(Street Number and Name)

_____ SUBURB: _____

STATE: _____ POSTCODE: _____ COUNTRY: _____

Work Phone: _____ Home Phone: _____

(Optional)

Mobile Phone: _____ Preferred phone contact: _____

Email Address: _____

CURRENT PROFESSIONAL SPECIALITY & /or TITLE: _____

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 Arthrography

Other: _____

2020 AMSIG Membership Subscription to "Skeletal Radiology".

Membership includes electronic journal subscription to Skeletal Radiology. A **hard copy subscription** can be purchased for an **additional \$55**.

POSTAL ADDRESS (For delivery of print copy of Journal if required)

Street Address: _____

Suburb: _____ STATE: _____ POSTCODE: _____

Additional Notes: _____



PLEASE FORWARD THIS COMPLETED FORM ALONG WITH THE FOLLOWING DOCUMENTATION:

- a copy of your CV
- sponsorship letter from one current member (or Director of Training for Registrar /Fellowship Applicants)

[*If you are a registrar and wish to apply for AMSIG membership please also fill out the application form and indicate when you will be completing your postgraduate specialist training.]



SEND TO: The AMSIG Secretary
amsigsecretary@gmail.com

Once your Application has been confirmed by the AMSIG Executive, you will receive a confirmation email and link to register online and make payment via the AMSIG online membership portal.

AMSIG NEW MEMBER REGISTRATION RATES

OPTION A. FULL AMSIG MEMBER:

- 2020 Annual Membership* & JOINING FEE
I \$385.00 AUD (inc GST)

OPTION B. FULL AMSIG MEMBER:

- 2020 Annual Membership* & JOINING FEE
+ PRINT SUBSCRIPTION to Skeletal Radiology
I \$440.00 AUD (inc GST)

*All memberships include Electronic Access to Skeletal Radiology Journal

