

1. Personal Details

Title:	
<input type="checkbox"/> Dr	<input type="checkbox"/> Prof
<input type="checkbox"/> A/Prof	
<input type="checkbox"/> Other (Please specify):	
Gender:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Family name:	
Given name/s:	
Preferred name:	
Date of birth:	
Year of FRANZCO:	
Sub-specialty area/s:	

2. Contact Details

Street:	
Suburb:	
State:	Postcode:
Phone:	
Email:	
Mobile:	

Please tick if you **do not** want to receive email/post communication from the ASO in the form of important member updates and member publications.

3. Please tick membership category you are applying for (all prices include GST)

<input type="checkbox"/>	Ophthalmologist: \$1120 Practising for longer than two years
<input type="checkbox"/>	Staff Specialist: \$800 An ophthalmologist who is employed full-time in the public hospital system. Any private practice commitments must be limited to one (1) day per week
<input type="checkbox"/>	New ophthalmologist: \$560 First two years of ophthalmology practice in Australia
<input type="checkbox"/>	Part-time ophthalmologist: \$360 Working no more than 2 sessions per week, or 6 weeks of locums per annum
<input type="checkbox"/>	Parental leave: \$550 6-12 months leave as primary caregiver
<input type="checkbox"/>	Senior ophthalmologist: \$300 Practising 40 years/over 70 years old
<input type="checkbox"/>	Retired ophthalmologist: \$100 No longer practising
<input type="checkbox"/>	Trainee: \$110 Doctors in full-time ophthalmology fellowship positions
<input type="checkbox"/>	Business associate: \$230 Practice owner/employee

4. Payment method

 **Credit Card via email, fax, post**
(Visa & Mastercard only)

Card no:	
Name on card:	
Expiry date:	Amount: \$
Signature:	
Date:	

AUTO-RENEWAL OPTION: Please automatically renew my ASO membership each year using the credit card provided, up until the card's expiry date.

 **Internet banking**
Use your member no. as references

Australian Society of Ophthalmologists Ltd.
BSB: 082 053 A/C no: 494787754

My account name:
My phone:

 **Phone**

07 3831 3006 with your credit card details between business hours (Visa & Mastercard only).

 **Cheque/Money order (via post)**

Cheque or money order should be made payable to Australian Society of Ophthalmologists Ltd.

5. Member Declaration

I hereby apply to become a member of the Australian Society of Ophthalmologists Limited (ASO) and I agree, if admitted to membership, to be bound by the provisions of the ASO Constitution, and the ethical standards as set out by my profession. The ASO Constitution is available: www.ASOeye.org/governance

Signature:
Date:

Please return completed membership form and payment via post, fax or email.

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Phone: 07 3831 3006 • Fax: 07 3831 3005
Email: info@ASOeye.org • Web: www.ASOeye.org