

# Australian Association of Musculoskeletal Medicine

ABN: 88 205 078 644

## TAX INVOICE

### APPLICATION FOR MEMBERSHIP

Membership of the Association is open to all registered medical practitioners. Associate membership is available to Students, Medical Science Graduates, eg, Physiotherapists, Chiropractors, and Osteopaths. Applicants are requested to forward the annual **subscription as a cheque made out to A.A.M.M. along with this application form, to the Hon. Treasurer at the address below.**

**Medical Practitioners \$165.00 (Incl. \$15.00 GST)**

**Student, Other Medical Science Graduate, eg Physio, Osteo, Chiro. \$110.00 (Incl. \$10.00 GST)**

Date of Application.....

Surname:.....Christian Names:.....

Preferred Christian Name (for conference badges etc.):.....

Registered Qualifications:.....

Practice Address:.....

State:.....Post code:..... Do you accept Referrals? Yes/No

Tel: (.....).....Fax: (.....).....Mobile: .....

Home Address.....

Tel: (.....).....E mail:.....

State:.....Post code:.....( Please “ \* “ your preferred mailing address)

To assist in maintaining an Association database, could you please furnish the following information.

Are you a Registered Specialist or Consultant?

Do you see patients with:-  
musculoskeletal (and neurological) problems **only**   
problems in other or all body systems

Style of practice: ( if more than one, mark the main field 1, the next 2, and so on)

<input type="checkbox"/>	Musculoskeletal medicine	<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Rehabilitation medicine	<input type="checkbox"/>	Pain management
<input type="checkbox"/>	Sports medicine	<input type="checkbox"/>	Anaesthetics
<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>	General practice
<input type="checkbox"/>	Orthopaedic surgery	<input type="checkbox"/>	Other (specify).....

How many years have you been involved in musculoskeletal medicine?.....

Please list any Postgraduate courses or workshops in musculoskeletal medicine you have attended, and their duration.

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**Please return to : Dr M.E. Taylor P.O. Box 570, FULLARTON SA 5063**

**Ph/Fax: (08) 8379-1254 Email: [taylorme@internode.on.net](mailto:taylorme@internode.on.net)**

**Payment may be made by cheque or credit card (MasterCard or Visa only)**

**Card No: \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ Expiry Date: \_\_\_ / \_\_\_**

**Signature: \_\_\_\_\_**