



SDrA MEMBERSHIP APPLICATION

Surname: _____ First Name: _____
Title: _____ Other Name(s): _____
Business Address: _____ Home Address: _____

Suburb: _____ Suburb: _____
State: _____ P/Code: _____ State: _____ P/Code: _____

Send my correspondence to: Business
 Home

Phone: Business: () _____ Home: () _____
Fax: () _____ Mobile _____

Email: _____

Medical degree (degree, university, year): _____

Postgraduate qualification (general practice, emergency medicine, rehabilitation medicine etc.): _____

- Sports medicine experience – completed overleaf
 Please list my details on the SDrA web page as provided above

Fees payable: Combined SDrA/SMA Membership \$ 350.00 (GST inclusive)
Total \$ 350.00 (GST inclusive)

Your Signature Please

Signed: _____ Date: _____

Please forward application and cheque, **Sports Medicine Australia**
money order or credit card details to PO Box 3176
Sports Medicine Australia: Rhodes NSW 2138

Credit Card Details: : Visa Mastercard Expiry Date ____/____

Card Number _ _ _ _ _
Name on Card _____ Signature _____



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POSTGRADUATE ACTIVITIES

- List attendance at annual SMA meetings

- List attendance at CME sports medicine functions

- List involvement with recreational and sporting activities

- List involvement with sports medicine clinics or with related clinics or departments

- Any other sports medicine related activities
