

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.): _____

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

Fees payable: A. Combined SDrA/SMA Membership \$ 270.00 (GST inclusive)

Total \$ _____

Your Signature Please

Signed: _____ Date: _____

Please make cheque payable to:
Please send cheque to:

Sports Medicine Australia
Sports Medicine Australia
PO Box 78
Mitchell ACT 2911

sports doctors australia

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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
