



The Australasian Society of Thrombosis & Haemostasis Ltd

ABN 43 293 710 560

PO Box 217, Glen Iris, Victoria, 3146 Australia

Telephone: +61 3 9388 9876 • Fax: +61 3 9380 1327 • Email: [asth@bigpond.com](mailto:asth@bigpond.com)

Website: <http://www.asth.org.au>

# APPLICATION FOR MEMBERSHIP

Thank you for applying for membership to the ASTH.

There are two categories of membership: (i) Ordinary - currently A\$70.00 per year, and (ii) Associate - currently A\$46.00 per year (plus GST for Australian residents). Membership expires on June 30<sup>th</sup> each year, after which an invitation to renew will be sent to the address you have provided the ASTH (please notify the Secretariat if your address or contact details change).

The following points will assist the ASTH with your application:

- Please ensure that ALL sections are completed before returning your application.
- **A financial member of the ASTH must propose all applications.** Please contact the Secretariat for financial members in your institution or state if required.
- If you are applying for Associate membership, supporting documentary evidence should be included with your application to verify your eligibility (ie: a letter from your Head of Department). Please also note in the space provided on page 2, the month and year you expect to complete your studies/training.
- If you are paying by credit card, please ensure your card is still valid.

## Membership Categories

### Ordinary Members

Ordinary members shall be the subscribers to the Memorandum of Association and such other persons as are elected by the Council. They shall be such persons who have made written application to join the Company setting out their qualifications and who in the opinion of the Council are deserving of membership.

### Associate Members

Graduates undertaking advanced training in clinical and/or laboratory haematology or undertaking a higher degree in the scientific aspects of haematology. Associate membership will only be available to those candidates not fulfilling the requirements for full membership and will be tenable for a maximum of four (4) years after which it will lapse.

## Private Sector Privacy Legislation

The Australasian Society of Thrombosis & Haemostasis complies with the national privacy legislation, *The Privacy Amendment (Private Sector) Act 2001*, effective December 21, 2001.

Personal information that Members provide, or which was provided prior to December 21, 2001, will only be used or disclosed by the Society in accordance with the National Privacy Principles, for purposes directly related to membership of the Society, including providing Members with information about Society meetings and activities.

In such circumstances the Society will use all reasonable efforts to ensure that the recipient handles such personal information in accordance with appropriate privacy principles and only for the purpose for which it was provided.

Future requests for any Member to provide or update personal information will be accompanied by a request for the Member's consent for any disclosure of that information in accordance with the privacy legislation.

A handwritten signature in black ink, appearing to read 'Claire McLintock'.

**Claire McLintock**  
President



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Professor  Associate Professor  Dr  Mr  Mrs  Ms  Miss

Family Name, BLOCK LETTERS

Given Names

I wish to apply for Ordinary membership of the ASTH

I wish to apply for Associate membership of the ASTH and have included supporting documentary evidence to verify my eligibility. I expect to complete my studies/training in \_\_\_\_\_ (month and year).

In the event of my admission as a member, I agree to be bound by the Rules of the Society for the time being in force.

Signature of Applicant

Date

Name of Proposer, BLOCK Letters  
Financial Member of the ASTH

Signature of Proposer

Address for Correspondence			
Institution:			
Position title:			
Department:			
Postal Address:			
City:		State:	
Postcode:		Country:	
Contact Details			
Business (Direct line):			
Private:			
Mobile:			
Fax (Business):		Fax (Private):	
Email (Business):			
Email (Private):			
Qualifications			
1.		3.	
2.		4.	
Fields of Special Interest			
I am a member of	HSANZ <input type="checkbox"/>	ASBT <input type="checkbox"/>	AIMS/NZIMLS <input type="checkbox"/>

I GIVE CONSENT for my address and contact details to be included in the ASTH members only web page which can be accessed by all financial members. I understand that my details will only be distributed to financial ASTH members and will not be disclosed to a third party.

Signed:

I DO NOT GIVE CONSENT for my details to be included in the ASTH members only web page.

Office use only: Approved by: Name: Date:

Membership Type: Ordinary  Associate  [Expiry: .....] Membership No: .....

Database  New members' package  Outlook  Email distribution list  Web DG list



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# TAX INVOICE

Name:

## 2010-2011 Subscription Fees (Australian Dollars)

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Australian Residents (GST payable)				Non-Australian Residents (GST exempt)		
Member	Subscription	GST	Total	Member	Subscription	Total
Ordinary	A\$70.00	A\$7.00	<b>A\$77.00</b>	Ordinary	A\$70.00	<b>A\$70.00</b>
Associate	A\$46.00	A\$4.60	<b>A\$50.60</b>	Associate	A\$46.00	<b>A\$46.00</b>
Reactivation	A\$10.00	A\$1.00	<b>A\$11.00</b>	Reactivation	A\$10.00	<b>A\$10.00</b>

### Please select your preferred payment method:

Cheque / overseas bank draft / money order enclosed for A\$.....

(Please make cheques payable to the ASTH)

I authorise the ASTH to charge A\$..... to my credit card account

(Please complete the credit card details below)

Please send me a copy of the merchant terminal sales voucher

<b>Card type (please tick):</b>	<b>Bankcard</b> <input type="checkbox"/>	<b>MasterCard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>
<b>Name of cardholder (as shown on card):</b>			
<b>Card no.:</b>			
<b>Expiry date:</b>			
<b>Signature of cardholder:</b>			

NB: For security reasons credit card details are confidentially destroyed once payment has been approved