

## Application for Retiree Membership

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Organisation \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ an Associate Member of The Australian Society for Microbiology, herewith apply for admission to the Membership of the Society. I accept that the decision of the Society on this application is final, but note that such decision need not prejudice any subsequent application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

In order to better design our programs to suit your needs and interests please indicate which area(s) of Microbiology are most relevant for you.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Antimicrobials                       | <input type="checkbox"/> Virology                   | <input type="checkbox"/> Molecular Microbiology      |
| <input type="checkbox"/> Myobacteria                          | <input type="checkbox"/> Medical Microbiology       | <input type="checkbox"/> Culture Media               |
| <input type="checkbox"/> Mycology                             | <input type="checkbox"/> Clinical Microbiology      | <input type="checkbox"/> Education                   |
| <input type="checkbox"/> Mycoplasmatales                      | <input type="checkbox"/> Industrial Microbiology    | <input type="checkbox"/> Food Microbiology           |
| <input type="checkbox"/> #                                    | <input type="checkbox"/> Environmental Microbiology | <input type="checkbox"/> Cosmetics & Pharmaceuticals |
| <input type="checkbox"/> †                                    | <input type="checkbox"/> Microbial Genetics         | <input type="checkbox"/> Microbial Ecology           |
| <input type="checkbox"/> h                                    | <input type="checkbox"/> Microbial Physiology       |  |
| <input type="checkbox"/> h =                                  | <input type="checkbox"/> Microbial Pathogenesis     |  |
| <input type="checkbox"/> Women's & Children's<br>Microbiology |   |  |

Other areas not included.....

**Submitting Your Application**

Please forward your completed application with all supporting documentation to the ASM National Office by either e-mail or regular mail.

**Email**

[admin@theasm.com.au](mailto:admin@theasm.com.au)

**Mail**

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 FITZROY  
 VIC 3065