

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
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

Mail

Australian Society for Microbiology
 9/397 Smith Street
 FITZROY
 VIC 3065