



APPLICATION FOR RETIREE MEMBERSHIP

Name: _____
 Address: _____

 State: _____ Postcode: _____
 Country: _____
 Phone: _____ Fax: _____
 Email: _____

Nominate your area of interest

The newly constituted National Scientific Advisory Committee requests that each member nominate their area of interest based on the current divisional structure of the Society. It is important that you complete this nomination so that the Committee is able to utilise the data for the planning of scientific meetings.

Please tick your choice/s.

Division 1	Division 2	Division 3	Division 4
Medical & Veterinary Microbiology	Virology	General, Applied and Environmental Microbiology	Microbial Genetics, Physiology and Pathogenesis
<input type="checkbox"/> Antimicrobials <input type="checkbox"/> Mycobacteria <input type="checkbox"/> Mycology <input type="checkbox"/> Mycoplasmatales <input type="checkbox"/> Ocular Microbiology <input type="checkbox"/> Parasitology & Tropical Medicine <input type="checkbox"/> Public Health Microbiology <input type="checkbox"/> Clinical Serology & Molecular <input type="checkbox"/> Veterinary Microbiology <input type="checkbox"/> Women's & Children's Microbiology	<input type="checkbox"/> Virology	<input type="checkbox"/> AquaSIG - Water Microbiology <input type="checkbox"/> Microbial Informatics <input type="checkbox"/> Cosmetics and Pharmaceuticals <input type="checkbox"/> Culture Media <input type="checkbox"/> Education <input type="checkbox"/> Food Microbiology <input type="checkbox"/> Laboratory Leadership & Management <input type="checkbox"/> Microbial Ecology <input type="checkbox"/> Probiotic & Enteric Microbial Diversity <input type="checkbox"/> Rapid Methods <input type="checkbox"/> Students	<input type="checkbox"/> Molecular Microbiology

SUBSCRIPTIONS RATES

Applicable from January 2012

Period ending 30/06/2013

FEE: \$92.50 per annum (inclusive of GST)

SPECIAL OFFER

For new members joining between 1 January and 30 June in any one year, membership will be credited until 30 June in the following year. This could mean up to 18 months membership for the cost of 12 for new members.

All fees listed are inclusive of GST. Fees apply for the period 1/1/2012 – 30/6/2013

Payment Options:

(a) Cheque/money order enclosed for \$.....

(b) Charge my Visa/MasterCard No:/...../...../.....

Expiry Date.....Amount \$.....

Cardholder's Name.....

Cardholder's Signature.....

Send to: Membership Services, The Australian Society for Microbiology Inc.,

PO Box 375 South Melbourne, VIC, Australia 3205

Fax: 1300 655 841 Email: admin@theasm.com.au

Website: www.theasm.org.au

A MEMBER OF THE INTERNATIONAL UNION OF MICROBIOLOGICAL SOCIETIES