



STROKE SOCIETY OF AUSTRALASIA INC

The Secretary, PO Box 576, Crows Nest, NSW 1585, Australia
Tel: 02 9431 8660 Fax: 02 9431 8677 Email:
ssa@theassociationspecialists.com.au

ABN 69 089 885 441

I, the undersigned member of the **Stroke Society of Australasia Inc.**, hereby nominate:

Title: _____ First Name: _____ Last Name: _____

Professional Qualification: _____

Job Title: _____

Organisation: _____ Department: _____

Work Tel: _____ Home Tel: _____ Mobile: _____

Fax: _____ Email*: _____ Second Email: _____

Full address for correspondence: _____

City: _____ State: _____ Post Code: _____ Country: _____

For election as a member of the Society.

Nominator: _____ Signature: _____ Date: _____
(Print)

Renewal option- including GST, made payable to the Stroke Society of Australasia for **SSA + WSO** membership valid up till 31st December 2017 (\$130 SSA membership plus \$60 (medical) or \$40 (allied health/nursing/other) for WSO).

Medical AUD \$190

Nursing & Allied health AUD \$170

Other AUD \$170

Members may opt out of WSO membership by ticking this box (AUD \$130 only)

I would like to donate \$_____ to the SSA Early Career Development Fund

Please debit \$_____ from my: Mastercard Visacard

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: _____

Name of cardholder (print) _____ Signature: _____

This becomes a Tax Invoice (ABN 69 089 885 441) upon any payment. Please retain a copy. * Compulsory

I wish to belong to the following Special Interest Groups (tick all applicable):

Australasian Stroke Trials Network (ASTN)

I wish to receive the following newsletters by email (tick all applicable):

Stroke Society of Australasia (SSA)

If you also wish to become a member of the Australasian Stroke Trials Network (ASTN), please complete the following:



Membership Application Form

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I would like to become a member of the Australasian Stroke Trials Network (ASTN)

Under the requirements of the ASTN I confirm that I:

- Have an attachment to a hospital or academic institution.
- Am involved in Stroke research or the care of stroke patients
- Am currently a financial member of the Stroke Society of Australasia (or I am concurrently applying for membership of the Stroke Society of Australasia)
- I have been nominated by a current ASTN member

What population of stroke patients do you work with?

- Acute
- Post acute
- Rehabilitation
- Outpatients
- Community
- Other (specify)

Nominator: _____ **Signature:** _____ **Date:** _____
(print name)

Applicant: _____ **Signature:** _____ **Date:** _____
(print name)