

## MEMBERSHIP APPLICATION

Health professionals with an interest in the many issues affecting women as they approach menopause and beyond, are invited to apply for membership of the Australasian Menopause Society (AMS) by submitting this form with their payment. This information will be used only by AMS in matters related to membership.

Title ..... Given Name ..... Surname .....

**A** Contact Address .....

.....

City ..... State ..... Postcode ..... Country .....

Phone ..... Fax ..... Email .....

**AMS information will be sent to you at the postal address and/or email address above.**

Qualifications ..... Position .....

Special interests .....

**Link up with other members: AMS maintains a Members' Directory on its website.**

**The Members' section is only accessible to current members using their AMS username and password.**

Check here for your details to be included in the Members' Directory on the AMS website [  ].

Check here to use your details from A [  ] or add your Directory details at B.

**B** Directory Address .....

.....

City ..... State ..... Postcode ..... Country .....

Phone ..... Fax ..... Email .....

**Promote your practice: FIND an AMS DOCTOR is a web-based Members' Practice Directory open to the public.**

Check here to use your details from A [  ] and/or B [  ] and/or add your main practice details below.

To list a second practice address, please send a message to AMS requesting this with details using the headings below

**C** Practice address .....

.....

City ..... State ..... Postcode ..... Country .....

Phone ..... Fax ..... Email .....

**D Let us follow you on social media**

The AMS has a Facebook page, Instagram, LinkedIn and Twitter accounts. Please follow us on social media to keep up to date and provide us with your social media handles so AMS can follow you back.

	@menopause.org.au	.....
	@amsmenopause	.....
	@amsCoolAgain	.....
	australasian-menopause-society	.....

**Full Members of AMS are medical practitioners, health professionals or researchers with a special interest in the issues surrounding menopause and women’s mid-life health. Associate Members are either previous Full Members who have retired, or retired medical practitioners, or nurses, trainees or students.**

**E** Indicate the class of AMS membership for which you are applying. If you are applying for Associate Membership, please indicate which group is appropriate to you. Students must indicate their current course and institution.

Regular e-News bulletins and 'eChanges' are sent to members by email.

	Australia (inc 10% GST)	International (ex GST)
1 year Full membership	<input type="checkbox"/> AU\$185.00	<input type="checkbox"/> AU\$175.00
1 year Associate membership	<input type="checkbox"/> AU\$92.50	<input type="checkbox"/> AU\$84.00
3 years Full membership	<input type="checkbox"/> AU\$499.00	<input type="checkbox"/> AU\$450.00
3 years Associate membership	<input type="checkbox"/> AU\$249.50	<input type="checkbox"/> AU\$225.00

Associate membership category.....

**Please complete the following:**

**F**

1. Do you have a valid and unrestricted registration for clinical practice?  
 Yes                       No                       Not applicable
  
2. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your privileges ever been suspended, curtailed, or revoked?  
 Yes                       No                       Not applicable
  
3. Have you ever been (i) convicted of healthcare fraud or a healthcare-related crime; (ii) suspended, sanctioned, restricted, or excluded from clinical practice  
 Yes                       No
  
4. Have any adverse circumstances occurred that prevent you from obtaining medical indemnity insurance?  
 Yes                       No                       Not applicable

If you answered "No" to question 1 or "Yes" to any of questions 2-4, please explain here:

**Please complete the following:**

- G  I agree to abide by the Constitution of the Australasian Menopause Society.  
[www.menopause.org.au](http://www.menopause.org.au) - go to About AMS/Constitution
- I have read and understand the Code of Ethics of the Australasian Menopause Society.  
[www.menopause.org.au](http://www.menopause.org.au) - go to About AMS/code-of ethics
- I have noted that any use of the logo and name of the Australian Menopause Society or its AMS initials, has to have been granted approval by the Board of the AMS, prior to such use.

Signed ..... Date .....

Payment AMS Membership must be lodged when this application is submitted. Each payment is held in account and then confirmed when the application is accepted.

**Membership including benefits is one year/three years from the month of payment.**

Each month, the AMS Board receives and reviews applications for Membership. Approved applicants are notified of the successful outcome of their application and provided with immediate access to AMS benefits.

H *Select method of payment:*

**EFT** Australasian Menopause Society  
BSB 083-170 Account 12 006 7787  
Please include your **family name** as a payment reference and identifier

**Credit Card**  Visa  Mastercard  
Cardholder name .....  
Card Number [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ]  
Expiry date [ \_ \_ ] / [ \_ \_ ]

**Cheque** made payable in AUD to Australasian Menopause Society

**Please forward this completed form and payment to: Australasian Menopause Society,  
PO Box 280, Healesville, Victoria, Australia 3777**

T +61 3 9428 8738 F +61 3 9923 6569 E [ams@menopause.org.au](mailto:ams@menopause.org.au) W [www.menopause.org.au](http://www.menopause.org.au)

ABN 69 867 357 105