

APPLICATION FOR ADMISSION TO MEMBERSHIP OF THE FACULTY OF TRAVEL MEDICINE OF THE AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE

(INCLUDING THE SUB-FACULTY OF EXPEDITION MEDICINE)

DETAILS

Title _____
Surname _____
Given Names _____
Preferred Name _____
Current Position _____
Current Employer _____
Work Address _____

Postcode _____ City _____
Country _____
Home Address _____

Postcode _____ City _____
Country _____
Tel _____
Fax _____
Mobile _____
Email _____
Website _____

COLLEGE MEMBERSHIP STATUS

- I am a member of The Australasian College of Tropical Medicine
- I wish to apply for membership of the College (you should complete a College membership application form). Applicants must be current members of the College or apply for membership (at least at Affiliate level) of the College.

FACULTY OF TRAVEL MEDICINE MEMBERSHIP

I wish to apply for membership of the Faculty of Travel Medicine at the level of:

- Fellow of the Faculty
- Associate Fellow of the Faculty and to be considered for Fellowship by:
- A) Pass in an examination of a thesis by three referees, comprising evidence of published and unpublished work relating to travel medicine, with a 1,000 word summary indicating how this work contributes to the discipline of travel medicine, +/- viva examination.
- B) Pass in a written and / or oral examination in travel medicine approved by the Faculty.
- Associate Fellow of the Faculty
- Member of the Faculty
- Associate of the Faculty
- I am seeking endorsement in Expedition Medicine

NOMINATOR / REFEREE

Full Name of Nominator / Referee _____

Signature _____
Date _____
Full Name of Seconder / Referee _____

Signature _____
Date _____

Enclose the required supporting documentation, including a full curriculum vitae.

Enclose references from referees unless appropriately nominated and seconded.

Enclose the required application fee.

Applicants Signature _____
Date _____

SUBSCRIPTION FEES (as at 16 November 2009)

Subscription fees for the Faculty are set by the College Executive Council. Same schedule of fees applies for the endorsement in Expedition Medicine.

Application fee	\$70 + \$7 _{GST} = \$77
Associate Fellow, Member & Associate	\$70 + \$7 _{GST} = \$77
Fellow	\$100 + \$10 _{GST} = \$110
Life Membership	\$1200 + \$120 _{GST} = \$1320
Pro-Rata Life Membership	Five Annual Installments of \$300 + \$30 _{GST} = \$330

N.B. Only one application fee is required if applying for both FTM and FTM (Exped. Med.)

(All Australian applicants to pay GST)

PAYMENT DETAILS

Enclosed cheque or money order in Australian dollars.

Credit card

Mastercard Visa Bankcard

Card#:

Expiry date: /

Name on card: _____

Signature of cardholder: _____

Please forward completed application form, accompanying documentation and payment to:

The ACTM Secretariat, PO Box 123, Red Hill Qld 4059
Tel: +61 7 3872 2246 • Fax: +61 3856 4727
Email: actm@tropmed.org