

PLEASE USE BLOCK CAPITALS THROUGHOUT – all fields are mandatory

***Your personal information will never be shared with any other organisations without your consent.***

**PART A- Personal information (not for publication)**

Surname: ..... Given name(s):.....

\*AHPRA / MCNZ Registration Number: .....

\*Practice name and address: .....

.....

\*Preferred postal address (if different to Practice): .....

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\*Preferred telephone number:..... \*Secondary telephone number: .....

\*Preferred E-mail (Practice or home): .....

\*Secondary E-mail (Practice or home): .....

**\*Please attach curriculum vitae.**

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**PART B – Application to become an Associate Member**

I hereby apply to become an Associate Member of the Australasian Society of Breast Physicians and agree to abide by the College's Constitution.

Signed: ..... Date:     /     / 20

The application fee is \$195 AUD which covers the first year's membership.

The Annual Associate Membership fee is \$195 AUD or \$195 NZD, due on 30 June of each year.

***Following successful application an invoice will be emailed to you along with a welcome package.***

***Membership fees are tax deductible.***

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**PART C – Application for the Training Program (OPTIONAL)**

I am interested in registering for the Training Program of the Australasian Society of Breast Physicians.

Signed: ..... Date:     /     / 20

Please attach:

1. a covering letter indicating your reason for wanting to train as a breast physician
2. a detailed curriculum vitae, including full details of previous positions held
3. the names of three professional referees
4. any other relevant supporting documentation

**To be eligible to register for the training program, you must first be an Associate Member of the ASBP.**

**Once accepted as an Associate Member, a separate Registration for Training Form will be required.**

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Please post, fax or scan/email this form to:

**The Secretary, AUSTRALASIAN SOCIETY OF BREAST PHYSICIANS, as below**