



Australian Society of Dermal Clinicians (ASDC)  
PO BOX 9206 South Yarra VIC 3141  
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www.dermalclinicians.com.au

A.B.N 20 239 508 647

## MEMBERSHIP APPLICATION / RENEWAL FORM

I wish to apply for my student/professional membership to the Australian Society of Dermal Clinicians

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Postal Address

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Phone (B): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualification/s: \_\_\_\_\_

Type of Membership: Student:  \$70.00 Professional:  \$198.00  
(Membership fee is for 12 month)

Payment Method: Cash:  Cheque:  Bank Transfer:

- Cash Payments must be made in person. Please do not send cash payments via post.
- Cheque payments must be made payable to - Australia Society of Dermal Clinicians (ASDC).
- Bank Transfer details are as follows - Bank: Westpac  
BSB: 033-053  
ACC: 254777

**PLEASE FORWARD THIS APPLICATION TO: Membership Treasurer ASDC : PO BOX 9260, South Yarra 3141.**

Signature of applicant..... Date:.....

THIS APPLICATION WILL GO BEFORE THE ASDC MEMBERSHIP COMMITTEE FOR CONSIDERATION. THE COMMITTEE RESERVES THE RIGHT TO APPROVE OR REJECT ANY APPLICATION FOR MEMBERSHIP THAT IT RECEIVES, IN ACCORDANCE WITH THE ASDC's CONSTITUTIONAL BY-LAWS. (Please attach proof of completion transcription or student number if currently studying)