

Membership Application Form

This form is valid for applications submitted between 1 April 2024 to 31 March 2025 for membership valid until 30 June 2025, unless otherwise specified.



Please complete all 9 sections of the form before submitting to avoid delays with processing your application.

1 Personal Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Prof ☐ A/Prof
Other Title: Designation:
Family Name (Surname):
Given Names:
Preferred Name:
Birth Month/Year: / Gender: ☐ Male
e.g., 1 / 1980 ☐ Female
Work Phone: ☐ Non-binary
Mobile:
Email Address:

2 Residential Address

Unit No: Street No:
Street Name:
Suburb: State: Postcode:
Country:

3 Company Address

Company/Hospital:
Job/Position Title:
Unit No: Street No:
Address:
Suburb: State: Postcode:
Country:
Work email:

4 First time applicants

☐ ASAR ☐ MRTB ☐ AHPRA ☐ MCNZ
Registration No.:
If you do not have a registration number, please provide proof of eligibility by attaching a copy of either:
☐ Proof of enrolment in an ASAR accredited course or undergrad medical degree,
☐ Ultrasound certificate/diploma, or
☐ Medical qualification

5 Specialist Area of Practice

<input type="checkbox"/> Anaesthetist	<input type="checkbox"/> Gynaecologist	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Sonographer - general
<input type="checkbox"/> Breast surgeon/physician	<input type="checkbox"/> Hepatologist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Sonographer - obstetrics
<input type="checkbox"/> Cardiac physiologist	<input type="checkbox"/> Maternal fetal medicine physician	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Sonographer - vascular
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Neonatologist	<input type="checkbox"/> Radiographer	<input type="checkbox"/> Sports physician
<input type="checkbox"/> Critical care physician	<input type="checkbox"/> Nephrologist	<input type="checkbox"/> Radiologist	<input type="checkbox"/> Urologist
<input type="checkbox"/> Emergency physician	<input type="checkbox"/> Nuclear Medicine Technologist	<input type="checkbox"/> Renal physician	<input type="checkbox"/> Vascular Surgeon
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> Veterinary
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> Obstetrician	<input type="checkbox"/> Sonographer - breast	Other (please specify):
<input type="checkbox"/> General practice	<input type="checkbox"/> Orthopaedic physician	<input type="checkbox"/> Sonographer - cardiac	<input type="text"/>

6 Declaration and Applicant Signature

I hereby apply for membership of the Australasian Society for Ultrasound in Medicine (ASUM). I certify that my answers given to the questions and information contained within this form are true and correct and I have read and agree to be bound by the [Constitution](#), [Code of Conduct](#) and [Privacy Policy](#) (available at www.asum.com.au).

Your Signature: Date:

7 Membership Categories & Fees Due

Member Category

The following membership fees are for membership valid till 30 June 2025, unless otherwise stated. A renewal invitation will be emailed to you in April for the 1 July 2025 to 30 June 2026 membership year.

Fee prorating

Membership fees are subject to prorating depending on the time of year you join ASUM. The fees listed are for the full year. Please check our [website](#) for full details on prorating. *Associate Member - Non-ASUM Student and Trainee pay a flat rate fee. Pro rata not applicable.

Base Membership Fees		All fees are charged in Australian Dollars		Australia	New Zealand
Professional Members					
Medical	Doctor, Specialist, Consultant. Those studying CCPU or DDU. (See also Trainee)			625.00	568.18
	3 year membership valid to 30/06/2027			1,805.00	1,640.91
	5 year membership valid to 30/06/2029			3,020.00	2,745.45
Sonographer	Accredited with ASAR or NZMRTB.			535.00	486.36
	3 year membership valid to 30/06/2027			1,535.00	1,395.45
	5 year membership valid to 30/06/2029			2,570.00	2,336.36
Scientific	Hold academic degrees in medicine, engineering or veterinary, biology or physical science, or similar.			625.00	568.18
Allied Health	Hold an allied health qualification (such as midwives, nurses, physiotherapists, paramedics etc.)			445.00	404.55
	Those enrolling into the CAHPU			295.00	268.18
Associate Members					
Those interested in the application and use of medical ultrasound technologies and techniques but do not qualify for any other membership category.				445.00	404.55
Non-ASUM Student* Available to (a) students enrolled in an ASAR or MRTB accredited course (Sonographers enrolled in their 2nd qualification will need to join as a Professional Member Sonographer) or (b) undergrad medical students (on proof of university enrolment). You will need to provide proof of eligibility each year. I am currently studying my 1st post-grad qualification in sonography or an under grad medical degree at: University: <input type="text"/> Sub Specialty: <input type="text"/> I anticipate completing this course in: <input type="text"/> mm <input type="text"/> yy <i>To prove eligibility, provide a copy of your current enrolment in an ASAR or MRTB accredited course or medical degree.</i>				40.00	36.36
Trainee* Enrolled in a specialist training program in a medical college. Must attach a letter from Head of Department stating your trainee status.				40.00	36.36
Corresponding Members					
Available to those located outside Australia and New Zealand. Categories based on World Bank Income. Please check here to confirm which category you are from.					
Low income economies					65.00
Low-middle income economies					135.00
Upper-middle income economies					200.00
Higher income economies					380.00

8 Optional

ASUM Outreach Donation

ABN: 14 621 332 134

Donations over \$2.00 in Australia are tax deductible

ASUM welcomes additional support for ASUM Outreach, a registered charity whose principal activity is advancing the clinical use of medical diagnostic ultrasound primarily in rural and remote regions of Australia, and international communities including New Zealand, to improve patient health and care in disadvantaged and low socio-economic communities.

30
50
100
200
Other:

9 Payment Details

☐ MasterCard ☐ Visa ☐ Monthly via Direct Debit (please read and complete the [Direct Debit Request Form](#))

Card No: Expiry Date: / CVV:

Cardholder's Name: Cardholder's Signature:

This page will be removed and destroyed

How to submit your application: Please send this application form and all required documentation by email to: membership@asum.com.au

Application Processing Time: Applications may take up to 5 days to process. Incomplete applications will not be processed.