## AUSTRALASIAN STROKE ACADEMY APPLICATION FOR ADMISSION TO MEMBERSHIP

a). SURNAME
b). FIRST NAME
c). ADDRESS FOR CORRESPONDENCE
d). PHONE (business)
e). PHONE (mobile)
f). QUALIFICATIONS – Year of attainment of PRIMARY MEDICAL DEGREE (mandatory field)
- Year of attainment of FRACP (if applicable)
g). EMAIL ADDRESS
h). CLINICAL APPOINTMENTS
i). ACADEMIC APPOINTMENTS
k). Please tick here if you do not wish your name to be included in the general membership registry $\Box$
$\underline{Applicant}$ - please provide a copy of your current curriculum vitae $\Box$
There is no current membership fee at this stage.
<code>DECLARATION</code> - I hereby acknowledge that the information provided is true and accurate $\square$
Signature
Date