



# STROKE SOCIETY OF AUSTRALASIA INC

The Secretary, PO Box 576, Crows Nest, NSW 1585, Australia  
Tel: 02 9431 8660 Fax: 02 9431 8677 Email:  
[ssa@theassociationspecialists.com.au](mailto:ssa@theassociationspecialists.com.au)

ABN 69 089 885 441

I, the undersigned member of the **Stroke Society of Australasia Inc.**, hereby nominate:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Professional Qualification: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_ Department: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email\*: \_\_\_\_\_ Second Email: \_\_\_\_\_

Full address for correspondence: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

For election as a member of the Society.

Nominator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Renewal option- including GST, made payable to the Stroke Society of Australasia for **SSA + WSO** membership valid up till 31st December 2018 (\$130 SSA membership plus \$60 (medical) or \$40 (allied health/nursing/other) for WSO).

Medical AUD \$190

Nursing & Allied health AUD \$170

Other AUD \$170

Members may opt out of WSO membership by ticking this box (AUD \$130 only)

I would like to donate \$\_\_\_\_\_ to the SSA Early Career Development Fund

Please debit \$\_\_\_\_\_ from my: Mastercard  Visacard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of cardholder (print) \_\_\_\_\_ Signature: \_\_\_\_\_

**This becomes a Tax Invoice (ABN 69 089 885 441) upon any payment. Please retain a copy. \* Compulsory**

I wish to belong to the following Special Interest Groups (tick all applicable):

- Australasian Stroke Trials Network (ASTN)
- Emerging Stroke Clinician & Scientists (ESCS)

I wish to receive the following newsletters by email (tick all applicable):

- Stroke Society of Australasia (SSA)

If you also wish to become a member of the Australasian Stroke Trials Network (ASTN), please complete the following:



## Membership Application Form

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I would like to become a member of the Australasian Stroke Trials Network (ASTN)

Under the requirements of the ASTN I confirm that I:

- Have an attachment to a hospital or academic institution.
- Am involved in Stroke research or the care of stroke patients
- Am currently a financial member of the Stroke Society of Australasia (or I am concurrently applying for membership of the Stroke Society of Australasia)
- I have been nominated by a current ASTN member

What population of stroke patients do you work with?

- Acute
- Post acute
- Rehabilitation
- Outpatients
- Community
- Other (specify)

**Nominator:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(print name)

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(print name)