APPLICATION FOR ELECTION TO FELLOWSHIP

Surname: ___________________________ Membership Number: ______________

Given Names: ______________________________________________________________________________________

I hereby apply for election to Fellowship of the Australasian College for Emergency Medicine and signify my acceptance of the College Pledge.

COLLEGE PLEDGE

I hereby pledge myself, as a condition of Fellowship of the Australasian College for Emergency Medicine, to conduct myself in accordance with the Constitution and Regulations of the College.

I agree that all communications made by the College to any other person or made between members of the Council to any other person or made between members of the Council in relation to my Fellowship of the College or to my application for election to Fellowship of the College shall be absolutely privileged and shall for all purposes be deemed to be absolutely privileged communications.

Signature of Applicant: ___________________________ Date: ______________

Signature of Witness*: ___________________________ Date: ______________

* Witness is to be a FACEM.

Please print name & qualification below.

__________________________________________________________________________________________

Name for Inscription on Membership Certificate

__________________________________________________________________________________________

(Please complete all personal details overleaf.)
MEDICAL BOARD REGISTRATION DETAILS

Jurisdiction in which registered: __________________________ Registration Number: __________________________ Valid until: __________________________

PERSONAL / RESIDENTIAL DETAILS

Date of Birth: __________________________ Qualifications: __________________________

Home Address: __________________________

Postal Address: □ as above OR __________________________

Contact Numbers: Telephone: __________________________ Fax: __________________________

Mobile: __________________________

Email: __________________________

PROFESSIONAL DETAILS

Work Address: __________________________

Workplace Type: □ Public Hospital □ Other

□ Private Hospital (please specify): __________________________

Current Practice: □ Emergency Medicine □ Non-ED (specify)

□ Other: (specify) __________________________

Position details: Start Date: __________________________ □ Full-time □ Part-time (usual hpw): __________________________

Contact Numbers: Switch: __________________________ Direct Line: __________________________

ED/Dept.: __________________________ Dept. Fax: __________________________

Email: __________________________

CONTACT POINTS

The preferred/most effective means of contact are as follows: (Please check appropriate boxes)

Mail: □ Home address □ Work address □ Postal address

Telephone: □ Home telephone □ Mobile □ Work (switch) □ Work (ED) □ Work (direct)

Fax: □ Home fax □ Work fax

Email: □ Home email □ Work email

MEMBERSHIP OF OTHER COLLEGES

Are you a Fellow of another College? □ Yes □ No

Please signify which: □ CICM □ ANZCA □ ACRRM □ RACGP □ RACP

□ Other (please specify) __________________________

Specify sub-specialty (if applicable): __________________________

PRIVACY DETAILS

Are you willing to have your following details released to other Fellows? i) Home address: □ Yes □ No

ii) Home contact numbers: □ Yes □ No

iii) Home email address: □ Yes □ No
FELLOWSHIP APPLICATION FEE 2019/2020

Payment of the appropriate Fellowship Application Fee must accompany the application for election to Fellowship. The amount payable is calculated according to: (1) the month during which election to Fellowship is anticipated; and (2) the country in which the applicant is living and working at the time the application is made.

(a) Fee Schedule ‘A’

For applicants who have completed all the requirements of the FACEM Training Program.

Please check appropriate payment amount.

This fee structure consists of:

- a base application fee
- plus a pro-rata Fellowship Subscription for the current financial year, less
- less a pro-rata refund of annual training fee (where appropriate).

<table>
<thead>
<tr>
<th>Election Period</th>
<th>Australia (including GST)</th>
<th>NZ &amp; OS (no GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – September 2019</td>
<td>$3,426</td>
<td>$3,077</td>
</tr>
<tr>
<td>October – December 2019</td>
<td>$3,325</td>
<td>$3,022</td>
</tr>
<tr>
<td>January – March 2020</td>
<td>$1,593</td>
<td>$1,336</td>
</tr>
<tr>
<td>April – June 2020</td>
<td>$1,503</td>
<td>$1,291</td>
</tr>
</tbody>
</table>

(b) Fee Schedule ‘B’

For applicants who have completed all requirements of the SIMG Pathway.

Please check appropriate payment amount.

This fee structure consists of:

- a base application fee
- plus a pro-rata Fellowship Subscription for the current financial year

<table>
<thead>
<tr>
<th>Election Period</th>
<th>Australia (including GST)</th>
<th>NZ &amp; OS (no GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – September 2019</td>
<td>$3,826</td>
<td>$3,477</td>
</tr>
<tr>
<td>October – December 2019</td>
<td>$3,325</td>
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<tr>
<td>January – March 2020</td>
<td>$2,824</td>
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</tr>
<tr>
<td>April – June 2020</td>
<td>$2,323</td>
<td>$2,111</td>
</tr>
</tbody>
</table>

Note that the above fee only covers the Annual Fellowship Subscription to 30 June 2020. Annual Fellowship Subscription Fees are due yearly in July.

Fees ARE payable in Australian currency

Credit Card No: ______________________: ______________________: ______________________: ______________________

Expiry Date: ______________________: ______________________

CARD TYPE:  □ Visa  □ MasterCard  □ AMEX

I, the cardholder named below, authorise ACEM to debit my credit for the amount indicated in the relevant Fee Schedule above.

Signature: __________________________ Date: __________________

Cardholder’s Name: __________________________ Home Tel: __________________ Mobile: __________________