



Fax: + 612 9954 0666 | Secretariat Contact: PO Box 637 , North Sydney , NSW 2060

Diploma in Cosmetic Medicine

Please fill out this form accompanied by your payment and return it to the Australasian College of Aesthetic Medicine. All fees are governed by Regulations College and are not refundable.

Examinations are held annually. Applicant must be a current full member of ASCM.

| Personal Details | |
|------------------------------------------------------|--------------------------------------------|
| First Name: | |
| Surname: | |
| Mailing Address: | |
| Phone: | |
| Fax: | |
| Email: | |
| Practice/ Institution | |
| Name: | |
| Address: | |
| Other Details | |
| Medical registration number (s): | |
| States where registration is current: | |
| Member Australasian Society Cosmetic Medicine | If yes, please enter the member no. |

I hereby apply for The Diploma in Cosmetic Medicine of the Australasian College of Aesthetic Medicine and declare that all information provided here is true. I understand that lodging of this application does not guarantee acceptance of the application. I accept to fully pay all the fees applicable as determined by the Australasian College of Aesthetic Medicine

| | |
|-------------------|--|
| Name: | |
| Date: | |
| Signature: | |

Please forward you completed application form & application fee totalling.

Please include a current CV.

FEES

Members of ASCM - \$6,600 incl. GST (this fee is effective from 1st June 2012)

| | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cheque – payable to Australasian Society of Cosmetic Medicine | |
| <input type="checkbox"/> Credit Card | |
| Please circle card type: | MasterCard / Visa / Diners Club / Amex (3% surcharge) |
| Card number expiry date: | |
| Name on card: | |
| Signature: | |