



Australasian Society for Breast Disease

Dedicated to promoting knowledge in the areas of prevention, diagnosis and management of breast disease

Membership Application Form

Title Prof Assoc Prof Dr Mr Mrs Miss Ms Other _____

Family name _____

Given name/s _____

Organisation _____

Postal address _____

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Telephone _____ Facsimile _____

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Specialty - please circle the number against the appropriate category

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Administration | 9. Endocrinology | 17. Palliative Care |
| 2. Breast Physician | 10. Engineering/Physics | 18. Physiotherapy |
| 3. Breast/Endocrine/General Surgery | 11. Epidemiology | 19. Plastic Surgery |
| 4. Commercial | 12. General Practice | 20. Radiation Oncology |
| 5. Consumer Advocacy | 13. Genetics | 21. Radiography/Mammography |
| 6. Counselling | 14. Medical Oncology | 22. Radiology |
| 7. Cyto/Histo Pathology | 15. Nursing | 23. Science/Research |
| 8. Education | 16. Obstetrics & Gynaecology | 24. Surgical Oncology |

Qualifications/postnominals _____

Tax Invoice/Receipt

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I enclose my cheque made payable to Australasian Society for Breast Disease, or please debit my credit card:
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Signature _____ Date _____