



Membership Number:

Australasian Health and
Research Data Managers
Association Incorporated

PO Box 2681
TAREN POINT NSW 2229
www.ahrdma.com.au

Membership Application Form / Invoice

ABN 61 644 545 082 (AHRDMA is not registered for GST)

Title: Miss / Mrs / Ms / Mr / Dr / Prof

Name: _____

Postal Address: _____

Email Address:** _____

Phone Number: _____

Fax Number: _____

**Receipt of advertisements, circulars and renewal advice will be emailed unless otherwise requested

AHRDMA values your privacy and only collects and provides information to others according to the AHRDMA Privacy Policy which is available for review on our website. In the event you do not wish your details to be given, to other members, interest groups or professional partners or sponsors of AHRDMA we ask you to complete the following:

Permission for work contact details to be given to other AHRDMA members?	<input type="checkbox"/>	No
Permission to be contacted via phone or email by a Regional Convener?	<input type="checkbox"/>	No
Permission to be contacted by organisations requesting consultation with AHRDMA members?	<input type="checkbox"/>	No
Permission to receive correspondence from professional partners and annual sponsors of AHRDMA?	<input type="checkbox"/>	No

Organisation: (tick the most relevant)

Hospital / Medical Institution Academic Organisation Private Industry / CRO Other: _____

Work Areas: (tick all that apply)

Clinical Trials Regulatory Issues Statistics Registries
 Ethics / Research Governance Databases Quality Assurance Other: _____

Role / Position: (tick most relevant)

Research Nurse Study Coordinator Data Manager Project Manager
 Clinical Research Associate Information Technology Research Manager Other: _____

Research / Therapeutic Areas: (e.g. Cardiology, Oncology, Infectious Diseases, etc.)

Membership Payment Options – tick one – Annual Fee of \$AU50.00

New Member

Nominator: _____

(Must be a current financial member of AHRDMA)

Renewal

Life Member

\$AU0.00

(Must be a recipient of the AHRDMA Lifetime Membership Award)

Payment Options

1. Cheque or Money Order - **made payable to "AHRDMA"**

2. Electronic Bank Transfer **BSB 113-879 Account 118 418 138**

Date transferred: _____/_____/_____

Enter your full name in the account description field

Signature: _____



Mail to AHRDMA at PO Box 2681,

TAREN POINT NSW 2229.

Member enquiries to AHRDMA at info@ahrdma.com.au.