



Individual Membership Application Form 2018

Please complete and return this form to ASME, Thain House, 226 Queensferry Road, Edinburgh, EH4 2BP, UK

Full Name:

Address:

Postcode: **Country:**

Qualifications and Date of Qualification:

UG Student from to

Medical F1 from to

Medical F2 from to

Other:

Present Appointment and Institution*:

.....

Tel: **Fax:**

Email:

* By completing this form, I note that these details will appear on the ASME Membership database.

Membership Category - Please circle which category you wish to join:

Membership (per annum) including the options	+ paper MedEd +online TCT	+ online MedEd & TCT	+ online TCT only
Clinical (Medical, Dental and Veterinary/Career grade)	£178	£136	£87
Non-clinical staff/ Medical, Dental and Veterinary, Clinical Training Grades, Nurses/ Allied Healthcare Professionals, PhD/MD/PGCert/DIP/MSc/Masters students/Physicians Assistants/Physicians Associates	£129	£107	£50
Undergraduate Students (Medical, Dental/Veterinary any discipline) Only eligible for online access to journals	-	£32	-
F1/F2 Only eligible for online access to journals	-	£48	-
Retired Members	£71	£56	£36

Continued ...

Individual Membership for those in Emergent Countries

(see ASME website for list of emergent countries)

Price

Standard Basic Membership (SBM) - members can apply for grants/fellowships/awards	£12
SBM + Online Access to <i>The Clinical Teacher (TCT)</i> only	£24
SBM + Online Access to both <i>TCT + Medical Education (MedEd)</i>	£42
SBM + Online Access to both <i>TCT and MedEd</i> + paper copy of <i>MedEd</i>	£95

Payment: Please complete all relevant sections:

I wish to pay by: **Cheque** (enclosed, made payable to ASME)

Credit/Debit Card



Card No.:

Valid From: /

Expires: /

Issue No (if applicable):

CSV Number:

Cardholder Name:

Please debit my card for: £

My membership will run for 12 months/1 year from the month I join. If I wish to cancel my membership I will do so at least one month before the month my subscription payment is due.

I am happy for you to use my details to contact me about ASME related items - YES / NO.

(Please note by choosing no it means we will not be able to inform you about our conferences, awards and publications etc.)

Member/Cardholder signature:

Date:

Interests: Please select your areas of interest from below (tick as many as appropriate):

- | | | |
|---|---|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Education Research | <input type="checkbox"/> Postgraduate Learning & Teaching |
| <input type="checkbox"/> Audit & Clinical Governance | <input type="checkbox"/> Educational Research Methods | <input type="checkbox"/> Problem based learning |
| <input type="checkbox"/> Careers Guidance | <input type="checkbox"/> Educator Development | <input type="checkbox"/> Psychometrics/Assessment |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Faculty Development | <input type="checkbox"/> TASME |
| <input type="checkbox"/> Continuing Medical Education | <input type="checkbox"/> JASME | <input type="checkbox"/> Technology Enhanced Learning |
| <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Leadership | <input type="checkbox"/> Veterinary Education |
| <input type="checkbox"/> Dental Education | <input type="checkbox"/> Mindfulness | <input type="checkbox"/> Willing to give advice to others |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Multi-professional Education | |

Where did you hear about ASME?

Website: if so which?

Recommendation: Existing member Friend Colleague

Social Media: if so which? Facebook Twitter LinkedIn Other:

Event: if so which?

Would rather not say

www.asme.org.uk

info@asme.org.uk

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