



ASAR

Australian Sonographer
Accreditation Registry

Application for Membership of the ASAR Limited



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Accreditation Registry

Australian Sonographer Accreditation Registry Limited

Application for Membership of the ASAR Limited

Date (DD.MM.YY)

Australian Company
Number (ACN) 084 400 546

Company Name Australian Sonographer Accreditation Registry

Company Registered
Office Address PO Box 146 Welland SA 5007

Dear Sir / Madam,

I hereby apply for membership of ASAR Limited

Full Name:

Residential Address:

ASAR ID #

I certify that I am a current Accredited Medical Sonographer on the Registry in accordance with rule 10.b)2) of the ASAR Constitution.

I agree to abide by the [ASAR Constitution](#) if I am admitted to membership of the Company.

Signature of the Applicant

NB. Submission of this form via email will count as a digital signature



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How to submit this form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill out by hand
3. Choose your method of submission
Manually attach form and supporting documents to an email and send to:
registry@asar.com.au

Send by post to: The Secretariat
 Australian Sonographer Accreditation Registry Limited
 PO Box 146
 Welland, SA 5007, Australia