



ASAR

Australian Sonographer
Accreditation Registry

Application for Membership of the ASAR Limited

**ALL APPLICATIONS WILL BE REVIEWED BY THE BOARD OF DIRECTORS WITH
APPLICANTS BEING ADVISED IN WRITING OF THE OUTCOME OF THEIR
APPLICATION BY THE OFFICE MANAGER.**



Australian Sonographer Accreditation Registry Limited
GPO Box 7109 Sydney NSW 2001

Email: registry@asar.com.au, Telephone: (02) 9299 9785, Facsimile: (02) 9299 0493, Website: www.asar.com.au



ASAR

Australian Sonographer
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

Suite 1, Level 10, 45-47 York Street
Sydney NSW 2000, Australia

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

Office Use Only

Application Approved Date of Board decision

Yes

No

Date Applicant informed of Decision

Yes

No



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How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Email form as attachment by clicking here:

→ Manually attach form to an email and send to: registry@asar.com.au

→ Send via fax to: 02 9299 0493

→ Send by post to:
The Secretariat
Australian Sonographer Accreditation Registry Limited
GPO Box 7109
Sydney, NSW 2001, Australia