**THE JAMAICA ASSOCIATION OF SPORTS MEDICINE**

**MEMBERSHIP APPLICATION FORM**

**(Please add additional lines where necessary and save the document as a PDF file for submission)**

**NAME (Mrs./Miss/Mr./Dr.)……………………………………………………………………………………….**

**MAILLING ADDRESS: …………………………………………………………………………………………….**

 **……………………………………………………………………………………………**

**E-MAIL ADDRESS: ……………………………………………………………………………………………**

**TELEPHONE NOS. OFFICE………….... HOME……………........CELL…………………………………**

**QUALIFICATIONS INSTITUTION WHERE OBTAINED**

**……………………… ……………………………………………………………………………………………..**

**……………………… ……………………………………………………………………………………………..**

**PRESENT APPOINTMENT/POST ………………………………………………………………………………….**

**TEAMS WORKED WITH: …………………………………………………………………………………………**

**EVENTS WORKED AT: ……………………………………………………………………………………………..**

**REFERRED BY: 1)……………………………………………………………………………………………**

 **2)……………………………………………………………………………………………**

**PLEASE SUBMIT A PASSPORT SIZED PHOTOGRAPH OF YOURSELF ALONG WITH THE APPLICATION**

**I hereby apply for membership of the Jamaica Association of Sports Medicine and in so doing, I agree to abide by the Constitution and endeavour to further the objectives of the said association and also agree to pay the current annual subscription.**

 **Ordinary Member: $2,500.00**

 **Affiliate member: $1,500.00**

 **Interns: $1,000.00**

 **Student Member: $500.00**

**Payments can be made electronically to: The Jamaica Association of Sports Medicine**

**NCB Knutsford Boulevard Branch**

**Chequing Account No. 241638537**

**(Please submit a copy of your electronic receipt with your application for verification of payment)**

**SIGNATURE OF APPLICANT:………………………………………………...…**

**DATE: ………………………………………………………..**

**AMOUNT PAID: ………………………………………………………..**

**SIGNATURE OF RECEIVER:………………………………………………………**

**DATE: ……………………………………………**

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**Please return completed form to: FOR OFFICE USE ONLY**

**JAMAICA ASSOCIATION OF SPORTS MEDICINE Membership accepted [ ]**

**PO BOX 505 Membership rejected [ ]
KINGSTON 6 Date:……………………**

**Or email to: *jamaicasportsmed@gmail.com***