

# MEMBERSHIP FORM



## PERSONAL INFORMATION

Name :

Title :  Dr.  Mrs.  Mr.  Miss      Profession:

Mailing Address :

E-Mail :

Telephone :       Nationality :

Please state the JASM sanctioned activities that you have volunteered at (minimum of 3 is required).

## REFEREE #1

Name :

Telephone :       E-Mail :

Mailing Address :

\_\_\_\_\_  
Signature Of Referee # 1

## REFEREE #2

Name :

Telephone :       E-Mail :

Mailing Address :

\_\_\_\_\_  
Signature Of Referee # 2

More Information :  
(876) 852-7936 / [membershipjasm@gmail.com](mailto:membershipjasm@gmail.com)  
<https://jamaicasportsmed.org.jm/>

THANK YOU FOR YOUR INFORMATION

Please see overleaf

# MEMBERSHIP FORM



## CATEGORIES OF MEMBERSHIP

- Ordinary - Professional recognized in Jamaica in an area of the sports medicine multidisciplinary team (MDT), qualified educators of physical education or qualified coaches recognized by the Jamaica Olympic Association (JOA).
- Affiliate - Professional recognized in Jamaica in areas not related to the sports medicine MDT.
- Associate - Representative from a sporting body recognized by JOA.
- Intern - Completed course of study but not yet licensed to practice.
- Student - Engaged in course of study leading to a profession recognized in the sports medicine MDT.
- International Ordinary - Same as ordinary but reside internationally.
- International Affiliate - Same as Affiliate but reside internationally.

## QUALIFICATIONS

Please provide a copy of your current practising license/certificate with your application. Where same is not available please provide proof of your qualifications.

## MEMBERSHIP REQUIREMENTS

All dues are payable by January 1st each year and payment alone is not sufficient for maintaining membership. Active participation in at least one (1) event per quarter is mandatory for retaining membership. Virtual educational seminars are free to all categories of membership and paid events are discounted per category.

## SUBMISSION

Please submit the completed form with a copy of your qualifications and a copy of a photo identification to the email address below or a member of the membership council.

More Information :  
(876) 852-7936 / [membershipjasm@gmail.com](mailto:membershipjasm@gmail.com)  
<https://jamaicasportsmed.org.jm/>

\_\_\_\_\_  
Signature Of Applicant

Thank you for your application, you will be notified of the outcome within thirty (30) days.

## FOR OFFICIAL USE ONLY :

APPROVED

Yes

No

Membership Type  
Approved for :

DATE :

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D

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M

Y

Y