



ASTN
 AUSTRALASIAN
 STROKE TRIALS NETWORK

ASTN Membership Application Form

I would like to apply for membership of the Australasian Stroke Trials Network (ASTN).

Name of Applicant: _____

Under the requirements of the ASTN I confirm that I;

- am currently a financial member of the Stroke Society of Australasia
- have an attachment to a hospital or academic institution.
- am involved in Stroke research or the care of stroke patients
- have been nominated by a current ASTN member

Signature of Applicant: _____ Date: _____

Nominator: _____ Signature: _____ Date: _____

My current contact details for ASTN correspondence and Member Login for website:

(* compulsory fields)

***Title:** _____ **First Name:** _____ **Surname:** _____

***Job title:** _____

***Organisation:** _____

***Department:** _____

***Address 1:** _____

Address 2: _____

***City:** _____ ***Postcode** _____

***Email:** _____

***Phone:** _____ **Mobile:** _____

What population of stroke patients do you work with? (Tick as many as applicable)

- | | |
|---|--|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Outpatients |
| <input type="checkbox"/> Post acute | <input type="checkbox"/> Community |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (please specify): |

Please complete and send this form to admin@astn.net.au