

Individual International Associate Application

INSTRUCTIONS Please complete the deta	ails helow and email to:		
Chris Arnold AM	and below und emain to.		
General Manager			
Email: chris@hodgsonas	soc.c0m.au		
Eligibility			
Australia		matology from countries other than atologists) and New Zealand (New cognised by the ASCD	
Details Name:			
Qualifications:			
Country (please list):			
Name of practice:			
Address of principal	practice:		
Email address:			
Phone Number:			
Mobile:			
Cosmetic areas Injectables □	of interest (please tick Lasers □	all relevant areas) Skincare □	
Fat reduction \square	Scar optimisation \square	Thread lifting	
Skin tightening $\ \square$	Acne \square	Rosacea 🗆	



Pigmentation \square	
Other (please list):	
Declaration	
I,	declare that the information provided in this
application is true and correct.	
(Signature)	
Date of application: Click here to enter a	a date.
For Office use:	
Date application received: Click here to	enter a date.
Application approved: Yes \square	lo 🗆
Applicant notified: Yes \square	lo 🗆