

**NO PENALTY FEES
APPLIED TO MONTHLY
PAYMENTS**

ASMOFQ

Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) and the Australian Salaried Medical Officers Federation (ASMOF) for no extra cost which AMA Queensland will make application for on your behalf unless you advise AMA Queensland, within 14 days' of making this application, that you do not wish to proceed.

Members agree to abide by the rules and policies of ASMOFQ and ASMOF and may resign from ASMOF and ASMOFQ by written notice to the Secretary.



WERE YOU REFERRED BY AN AMA MEMBER?

Yes No Name: _____

DID YOU GRADUATE FROM YOUR MEDICAL DEGREE OUTSIDE OF AUSTRALIA OR NEW ZEALAND?

Yes No _____

WHAT WOULD YOU LIKE FROM YOUR MEMBERSHIP

Why are you joining AMA Queensland: (Please tick)

MOCA Negotiation _____

Belonging to the peak medical professional body _____

Lobbying health policy areas _____

Professional resources and training _____

Workplace and industrial relations support and advice _____

QUEENSLAND HEALTH PAYROLL DEDUCTION

Queensland Health employee number: _____

I authorise Queensland Health to continue to deduct from my salary the sum of \$_____ per fortnight and continue for each subsequent year and pay such sum to The Australian Medical Association Queensland Limited with ABN 17 009 660 280 (AMA Queensland). I authorise you to accept and act upon any advice from AMA Queensland that the amount of AMA Queensland subscription or the rate of deduction payable by me has been altered in accordance with the Rules of AMA Queensland and that this authority shall extend to cover such alterations.

This authority shall be deemed to remain in full force and effect until written revocation thereof shall be given by me to AMA Queensland and to my employer. The receipt by the appropriate Officer of this authorisation shall be sufficient discharge to the employer for the payment of any amount so deducted by you. I authorise the providing of information to AMA Queensland of alteration to details provided on this form for employment and related interests in accordance with the Information Privacy Act 2009 (Qld).

Signature: _____ Date: ____ / ____ / ____

PAYMENT DETAILS

Annual Monthly \$ _____

Amex Visa Mastercard

Card number: _____

Expiry date: ____ / ____

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above monthly I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing. In the event that my application for membership is not approved AMA Queensland will refund any subscription amount paid.

Cardholder's name: _____

Signature: _____

ADDITIONAL DECLARATION

Do you have or have you ever had a suspension, condition/s or other restriction/s placed on your registration or been subject to criminal proceedings?

Yes No _____

If yes, forward an extract of the orders made and any convictions recorded to the General Manager of Membership via email membership@amaq.com.au for further review with your application for membership.

WHAT HAPPENS NEXT?

Upon receipt of your application, your payment will be processed. Your subscription is subject to approval by the Board of AMA (QLD). This occurs on the last working day at the end of every month. The approval can take up to three (3) working days. Upon approval you will receive a membership pack.

Please note if you are requiring immediate workplace relations workplace relations assistance, or access to any member benefits (including vehicle benefits), then your membership must be paid in full to be able to access these benefits.

Do you have an ongoing or pre-existing workplace issue?

No Yes _____

Please be aware if you have an ongoing or pre-existing issue AMA Queensland reserves the right to determine the level of support they can provide for you.

I undertake to observe the rules and by-laws of the Federation and understand I will be provided with a copy of the constitution upon request.

Signature: _____ Date: ____ / ____ / ____

YOUR MEMBERSHIP IS TAX DEDUCTIBLE