AMA QUEENSLAND

AMA QUEENSLAND MEMBERSHIP APPLICATION FORM

FOR INTERNS, RESIDENTS & REGISTRARS

YES JOIN ME UP!

HOW TO APPLY

- Online at www.ama.com.au/join-ama
- Complete this form and send to PO Box 123, Red Hill Q 4059
- Call our friendly Membership team on (07) 3872 2222
- Email this form to membership@amaq.com.au

I hereby apply to be elected to a member of the Australian Medical Association and the Australian Medical Association (QLD), and agree if elected, to observe the principles stated in the declaration of Geneva.

CONTACT DETAILS: (Please print BLOCK LETTERS in blue/black ink)

Registered First Name:

Registered Last Name:

Gender: ☐ Male ☐ Female Date of birth: / /

Postal/home address:

Suburb: State: Postcode:

Home phone: Mobile:

Email:

Current Hospital:

Training Pathway:

Expected Completion Date: / /

WERE YOU REFERRED BY AN AMA MEMBER:

☐ Yes ☐ No Name:

WHAT WOULD YOU LIKE FROM YOUR MEMBERSHIP:

Why are you joining AMA Queensland: (Please tick)

- ☐ MOCA5 Negotiation
- ☐ Belonging to the peak medical professional body
- ☐ Lobbying health policy areas
- ☐ Professional resources and training
- ☐ Workplace and industrial relations support and advice

ASMOFQ: (please tick)

Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) and additionally its Federal counterpart the Australian Salaried Medical Officers Federation for free.

☐ As a salaried doctor, I wish to be an ASMOFQ member.

asmofq
AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION QUEENSLAND

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.

RUN BY DOCTORS FOR DOCTORS (Please tick)

Postgraduate Year	Monthly
☐ PGY1	$37.67
☐ PGY2	$45.92
☐ PGY3	$52.92
☐ PGY4	$64.08
☐ PGY5	$76.50
☐ Members in part-time positions	$30.92
☐ Maternity Leave	$29.33

EMPLOYED AS: (Please tick)

☐ GP Registrar ☐ Intern ☐ Registrar ☐ Resident Medical Officer ☐ Senior Registrar

PAYMENT DETAILS:

☐ Amex ☐ Visa ☐ MasterCard

Card number:

Expiry date: / Amount $

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:

WHAT HAPPENS NEXT?

Upon receipt of you 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. And you name will be published in the 'new member' section of Dr Q Magazine. If you do not wish to have your name published in Dr Q please tick this box. ☐

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.

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