

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)

Dr Associate Professor Professor

Registered First Name: _____

Registered Last Name: _____

Gender: Male Female Date of birth: / /

Postal/home address: _____

Suburb: _____ State: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email: _____

PRINCIPAL PRACTICE ADDRESS:

Practice name: _____

Principal practice address: _____

Suburb: _____ State: _____ Postcode: _____

WERE YOU REFERRED BY AN AMA MEMBER:

Yes No Name: _____

Reason for joining AMA Queensland: _____

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.



EMPLOYMENT TYPE/STATUS:

Position: _____

Right of private practice: _____

Private hospital VMO: Yes No

If yes, location: _____

Public hospital VMO: Yes No

If yes, location: _____

RUN BY DOCTORS FOR DOCTORS (Please tick)

	Monthly
<input type="checkbox"/> Full-time medical practitioner	\$125.75
<input type="checkbox"/> Part-time up to 10 hours	\$30.92
<input type="checkbox"/> Part-time 11-20 hours per week	\$68.33
<input type="checkbox"/> Part-time 21-30 hours per week	\$90.67
<input type="checkbox"/> Maternity Leave	\$29.33

Craft Group: _____

Employed as: _____

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.

PAYMENT DETAILS:

Amex Visa MasterCard

Card number: _____

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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 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. And your 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 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: / /