



**WORKPLACE
RELATIONS**
BY AMA QUEENSLAND

PRACTICE MANAGER AFFILIATE

TO REGISTER

Simply email your application form
(on reversed side) to membership@amaq.com.au
or call us on **(07) 3872 2222**.



Fairfield Medical Practice, Townsville

Practice managers can now personally connect with our organisations via our Practice Manager Affiliate (PMA).

You will:

- ▶ be able to use the post nominal – PMA of AMA Queensland;
- ▶ receive member rates on AMA Queensland conferences and events;
- ▶ stay up-to-date with our monthly PMA enewsletter;
- ▶ have a chance to feature as our Practice Manager Affiliate of the month in our PMA enewsletter;
- ▶ create Opportunities to connect with fellow PMA Members; and
- ▶ receive an affiliate certificate each year.

GREAT DISCOUNTS ON YOUR FAVOURITE BRANDS

SAMSUNG



make it cheaper



If your practice subscribes to the Workplace Relations Toolkit, your affiliation will be complimentary.



**WORKPLACE
RELATIONS
TOOLKIT**

AMA Queensland Workplace Relations Team
P (07) 3872 2222 | F (07) 3856 4727
E workplacelerelations@amaq.com.au





YES JOIN ME UP!

HOW TO APPLY

- ▶ Complete this form and send to PO Box 123, Red Hill QLD 4059
- ▶ Call our friendly Membership team on (07) 3872 2222
- ▶ Email this form to membership@amaq.com.au

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

First Name: _____ Last Name: _____

Date of birth: / /

Postal/home address: _____

Suburb: _____ State: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email: _____

PRINCIPAL PRACTICE ADDRESS:

Practice Name: _____

Principal practice address: _____

Suburb: _____ State: _____ Postcode: _____

PRACTICE MANAGER AFFILIATE FEE

\$85 per year or part there of

Subscription runs 1 January to 31 December

IS A DOCTOR IN YOUR PRACTICE A CURRENT AMA MEMBER:

Yes No

Please confirm their full name: _____

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 if nominated above yearly 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 and AMA Queensland will process approval of your subscription. Once approved you will receive a confirmation and welcome to AMA Queensland.

I declare that the information provided on this subscription application form is true and correct.

Signature: _____ Date: / /

