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- ▶ 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](mailto:membership@amaq.com.au)

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

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| Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: |                |   |   |

**PRACTICE MANAGER AFFILIATE FEE:**

\$65.00 per year or part there of

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Expiry date:  /  Amount \$ 

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