

SALARIED MEMBERS ORDER FORM

Membership No: _____

Name: _____

Address: _____

Phone No: _____

Fax No: _____

Email: _____

(PLEASE PRINT CLEARLY).

Practicing Status: Full-time / Part-time.

(please mark)

Discipline: _____

How Employed: Salaried – Federal / State / Non-Government; with Private Practice rights; Fee for Services; Sessional; Private Practice; Other _____

Employed As: _____

(e.g. GP, Specialist, Staff Specialist).

I would like a copy of the 1 November 2009 book / 1 May 2010 (CD only) AMA List of Medical Services and Fees. **YES / NO** (please mark).

The prepayment option is not longer available as it is now necessary to issue a GST invoice. **Do not send payment with your order, a Tax invoice will be sent.**

Format required: BOOK (1st is free/additional copy \$48), or
CD - 1 May 2010 Update \$48 (only available in CD)
(mark whichever is applicable)

Number of Copies required: [] Booklet [] CD

Please Note: Changes to the AMA List of Medical Services and Fees is available free for download, via the secure members only area of the AMA website (www.ama.com.au). If you already have a username and password go to Member Login and follow the prompts. If you don't, email your full name, State and unique email address, to membership@ama.com.au and a user name and password will be forwarded to you.

Fax back to Sophia Habib at (02) 6270 5499