

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 and the Code of Ethics.

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: _____

PRINCIPAL PRACTICE ADDRESS:

Practice Name: _____

Principal practice address: _____

Suburb: _____ State: _____ Postcode: _____

SENIOR MEDICAL PRACTITIONERS (Please tick)

	Fortnightly rate
<input type="checkbox"/> Full-time medical practitioner	\$59.35
<input type="checkbox"/> Part-time 21 - 30 hours per week	\$42.81
<input type="checkbox"/> Part-time 11-20 hours per week	\$32.27
<input type="checkbox"/> Part-time up to 10 hours	\$14.62
<input type="checkbox"/> Maternity Leave	\$14.08

Craft Group: _____

Employed as: _____

JUNIOR MEDICAL PRACTITIONERS (Please tick)

Postgraduate Year	Fortnightly rate
<input type="checkbox"/> PGY1	\$11.90
<input type="checkbox"/> PGY2	\$21.69
<input type="checkbox"/> PGY3	\$24.96
<input type="checkbox"/> PGY4*	\$30.23
<input type="checkbox"/> PGY5*	\$36.08

*A 50% discount off the fee is available if you are sitting an exam

QUEENSLAND HEALTH SUPPORTED PAYROLL DEDUCTION

Queensland Health employee number: _____

I authorise Queensland Health to continue to deduct from my salary the sum of \$_____ per fortnight and continue for each subsequent year and pay such sum to The Queensland Branch of Australian Medical Association with ABN 17 009 660 280 (AMA Queensland). I authorise you to accept and act upon any advice from AMA Queensland that the amount of AMA Queensland subscription or the rate of deduction payable by me has been altered in accordance with the Rules of AMA Queensland and that this authority shall extend to cover such alterations.

This authority shall be deemed to remain in full force and effect until written revocation thereof shall be given by me to AMA Queensland and to my employer. The receipt by the appropriate Officer of this authorisation shall be sufficient discharge to the employer for the payment of any amount so deducted by you. I authorise the providing of information to AMA Queensland of alteration to details provided on this form for employment and related interests in accordance with the Information Privacy Act 2009 (Qld).

Signature: _____

Date: ____ / ____ / ____

**NO PENALTY FEES
APPLIED TO
MONTHLY PAYMENTS**

VISITING MEDICAL OFFICERS:

Private hospital VMO: Yes No

If yes, location:

Public hospital VMO: Yes No

If yes, location:

ASMOFQ / ASMOFQB:

This AMA Queensland membership application includes application for membership with the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) and the Australian Salaried Medical Officers Federation Queensland Branch (ASMOFQB).

By signing this application you agree to abide by the rules and policies of ASMOFQ and ASMOFQB as amended from time to time.

Opt out

If you wish to opt out and not become a member of ASMOFQ and ASMOFQB please tick this box.



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

EMPLOYED AS: (Please tick)

GP Registrar Intern Registrar

Resident Medical Officer Senior Registrar

Current Hospital: _____

Training Pathway: _____

Expected Completion Date: _____

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.

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 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.

Do you have an ongoing or pre-existing workplace issue?

No Yes

Please be aware if you have an ongoing or pre-existing issue AMA Queensland reserves the right to determine the level of support they can provide for you.

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: / / _____