

**Privacy Policy:** AMA Northern Territory collects personal information including sensitive information for the purpose of processing membership applications, maintaining membership records, contacting members and providing or facilitating member benefits. We collect and store personal information including sensitive information about you from a variety of sources including membership application and renewal forms, transactions, direct contact and third parties. If you provide us with incomplete or inaccurate information we may not be able to contact you, update your details and provide or facilitate member benefits.

AMA Northern Territory discloses personal information including sensitive information to its 3<sup>rd</sup> party subsidiary companies, other 3<sup>rd</sup> parties including Australian Salaried Medical Officer's Federation, 3<sup>rd</sup> party commercial partners and sponsors. Please note that by becoming a member of the AMA Northern Territory and signing this membership or renewal form, you expressly consent to disclosure of your personal information including sensitive information to 3<sup>rd</sup> parties.

Please tick if you do not wish any organisation to receive information about you

**Spam Policy: Agreement and Express Consent to Receive Commercial Electronical Messages**

Electronic messaging refers to emails, instant messaging, SMS and other mobile phone messaging. It is an express part of the agreement to become a member of AMA Northern Territory that members receive commercial electronic messages from AMA Northern Territory, its sponsors and commercial partners. Therefore, by agreeing to become a member of AMA Northern Territory, its sponsors and commercial partners.

**Australian Salaried Medical Officers' Federation Northern Territory Branch (ASMOF NT)**

ASMOF NT is the industrial body which represents salaried doctors in the Northern Territory. ASMOF is a federation comprised of branches in all Australian States and Territories. Membership to ASMOF NT is complimentary if you are a financial member of the AMA Northern Territory.

Please tick if you do not wish to be a member of ASMOF NT

**Please complete Application Form & Return to:**



Post: PO BOX 2299, PARAP, NT, 0804

Email: [amant@amant.com.au](mailto:amant@amant.com.au)

Fax: (08) 8941 0937

Phone: (08) 8981 7479

Website: [www.amant.com.au](http://www.amant.com.au)

# Office Use Only			
Date Received:		Date of Election:	
iMIS #:		FID #:	
ASMOF NT #:		Membership Pack Sent:	
AHPRA #:		AHPRA Date:	



# AMA Northern Territory

## Membership Application Form

1. Application for Admission as (Please tick)		
<input type="checkbox"/> Student	Current Year: _____ Course Duration: _____ University: _____	
<input type="checkbox"/> Doctor-in-Training	<input type="checkbox"/> Intern (1 <sup>st</sup> Year) <input type="checkbox"/> 2 <sup>nd</sup> Year After Graduation <input type="checkbox"/> 3 <sup>rd</sup> year After Graduation <input type="checkbox"/> 4 <sup>th</sup> Year After Graduation <input type="checkbox"/> Registrar (5 <sup>th</sup> Year) * Specify _____	
<input type="checkbox"/> Salaried Medical Officer (No PP Rights)	<input type="checkbox"/> Academic _____	
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Specialist * Specify _____	
Are you currently registered with AHPRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicable, under which speciality/specialities are you registered? _____		
<i>NB: In order to appear in the Medical Register, members must be registered in their chosen speciality/specialities with AHPRA</i>		
2. Contact Details (Please print BLOCK LETTERS in blue/black ink)		
Personal Details:	Full Name: _____	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____ / _____ / _____
Residential Address:	No./Street: _____	Suburb: _____
	State: _____	Postcode: _____
Principal Practice Details:	Practice Name: _____	
	No./Street Name: _____	
	City/State: _____	Post Code: _____
Contact No's:	B/H Phone: (    )                      A/H Phone: (    )                      Fax: (    )	
	Mobile: _____	Email: _____
Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax	Preferred Address: <input type="checkbox"/> Residential <input type="checkbox"/> Practice
Graduation Details:	Year: _____	University: _____
Qualification/s:	_____	
Is your Spouse a Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Full Name: _____
Do you speak another language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specify: _____

3. Employment Type/Status			
<input type="checkbox"/> Salaried	<input type="checkbox"/> Private	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position:	Employer:	Discipline:	
Right of Private Practice:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Private Hospital VMO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public Hospital VMO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
International Medical Graduate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

4. Declaration
I, (insert name)
A registered Medical Practitioner am desirous of being and hereby apply to be elected a Member of the Australian Medical Association and the Northern Territory Branch of the Australian Medical Association, AND I AGREE if elected to observe the principles stated in the Declaration of Geneva.
Signature: _____ Date: ____/____/____

5. Register to Vote																		
<b>REGISTER YOUR VOTE</b> – Members have the opportunity to vote for a craft group at Federal Council Elections of AMA. To register to vote please complete the Craft Group section below. Please note one choice only per Craft Group.																		
<b>AMA Graft Group: (Please tick)</b> <table border="0"> <tr> <td><input type="checkbox"/> General Practitioner</td> <td><input type="checkbox"/> Obstetrician Gynaecologist</td> </tr> <tr> <td><input type="checkbox"/> Orthopaedic Surgeon</td> <td><input type="checkbox"/> Pathologist</td> </tr> <tr> <td><input type="checkbox"/> Paediatrician</td> <td><input type="checkbox"/> Dermatologist</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Radiologist</td> </tr> <tr> <td><input type="checkbox"/> Ophthalmologist</td> <td><input type="checkbox"/> Emergency Physician</td> </tr> <tr> <td><input type="checkbox"/> Surgeon</td> <td><input type="checkbox"/> Anaesthetist</td> </tr> <tr> <td><input type="checkbox"/> Physician</td> <td><input type="checkbox"/> Doctor-in-Training</td> </tr> <tr> <td><input type="checkbox"/> Public Hospital Doctors</td> <td><input type="checkbox"/> Rural Doctor</td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> <td></td> </tr> </table>	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Obstetrician Gynaecologist	<input type="checkbox"/> Orthopaedic Surgeon	<input type="checkbox"/> Pathologist	<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Dermatologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Radiologist	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Emergency Physician	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Anaesthetist	<input type="checkbox"/> Physician	<input type="checkbox"/> Doctor-in-Training	<input type="checkbox"/> Public Hospital Doctors	<input type="checkbox"/> Rural Doctor	<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Obstetrician Gynaecologist																	
<input type="checkbox"/> Orthopaedic Surgeon	<input type="checkbox"/> Pathologist																	
<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Dermatologist																	
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Radiologist																	
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Emergency Physician																	
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Anaesthetist																	
<input type="checkbox"/> Physician	<input type="checkbox"/> Doctor-in-Training																	
<input type="checkbox"/> Public Hospital Doctors	<input type="checkbox"/> Rural Doctor																	
<input type="checkbox"/> Not Applicable																		

6. Payment Details (Payment is accepted by cheque or credit card)					
embership Category: (Refer to table below)					
Subscription Amount: \$					
Please select ONE payment method from below:					
6a. Payment by Cheque / Money Order					
<input type="checkbox"/> I have enclosed a cheque / money order payable to AMA Northern Territory					
6b. Payment by Credit Card					
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Diners					
Payment Option: <input type="checkbox"/> In Full (Annually) <input type="checkbox"/> Monthly					
Card No: _____ / _____ / _____ / _____					
Expiry Date: _____ Amount: \$					
I authorize and request AMA Northern Territory to debit the above nominated credit card upon receipt of this authorization and thereafter as nominated above (monthly, quarterly or annually). I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing.					
Cardholder's Name: _____ Signature: _____					
7. Membership Subscription Fees (Incl. GST):					
2019 Membership Categories		Fee	2019 Membership Categories		Fee
1	1 <sup>st</sup> Year After Graduation	\$432.00	PT2	Part-time: 1 to 10 hours per week	\$557.00
2	2 <sup>nd</sup> Year After Graduation	\$687.00	PT5	Part-time: 11 to 25 hours per week	\$898.00
3	3 <sup>rd</sup> Year After Graduation	\$711.00	70+	Member over the age of 70 (in practice)	\$776.00
4	4 <sup>th</sup> Year After Graduation	\$771.00	RET	Permanently Retired	\$566.00
5	5 <sup>th</sup> Year After Graduation & Subsequent Years as RMO (Registrar)	\$794.00	ML	Parental Leave	\$567.00
PPS	Private Practice – Specialists	\$1,525.00	GM	50 Years Members & Gold Medal	\$0.00
PPGP	Private Practice – General Practice	\$1,525.00			
SMOPP	Salaried Medical Officer with Rights to Private Practice	\$1,525.00	ASM	Student Members	\$0.00
SMO	Salaried Medical Officers – Other	\$1,360.00	DIS	Joint partner/husband-wife discount off base subscription level	25%