

## MEMBERSHIP APPLICATION

### PERSONAL DETAILS:

Title: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Registered surname: \_\_\_\_\_

Registered first name: \_\_\_\_\_

Preferred first name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of graduation: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Have you been an AMA member:  Yes  No

State: \_\_\_\_\_ Year: \_\_\_\_\_

Private address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Practice address 1: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Practice address 2: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Correspondence should be addressed to:

Private address  Practice address 1  Practice address 2

Please nominate one specialisation (CRAFT) group:

Anaesthetics  JMO  Pathology  Surgery

Dermatology  Obstetrics & Gynaecology  Physician

Emergency Medicine  Orthopaedic Surgery  Psychiatry

General Practice  Paediatrics  Radiology

Other: \_\_\_\_\_

Why have you decided to become a member of AMA (ACT) (please tick):

Referral from AMA Member  Member benefits and discounts

Events and seminars  Professional development

Other: \_\_\_\_\_

Member get a member:

Were you referred by a current AMA Member?  Yes  No

Name of member who referred you: \_\_\_\_\_

**MEMBERSHIP CATEGORY:**

## Doctor in Training:

- Intern – \$312
- PGY 2 – \$418
- PGY 3 – \$546
- PGY 4 – \$722
- PGY 5 + – \$839

## Salaried Officers:

- SMO with PP rights or Specialist Qualification – \$1,854
- SMO other – \$1,827

## Specialists:

- Private practice (specialist) – \$1,922
- Private practice (spouse) – \$1,322 (each member)

## GPs:

- General Practice (full time) – \$1,667
- General Practice (20-30 hours pw) – \$1,282
- General Practice (10-20 hours pw) – \$1,029
- GP (not more than 1 full day or 2 half days) – \$450
- GP (over the age of 70) – \$940

## Other:

- Academic/Postgraduate (non practising) – \$1,150
- ADF Members – \$1,019
- Overseas (including unattached) – \$1,045
- Parental Leave – \$257
- Permanently Retired – \$357
- Special Reduced Subscription – \$126

**PAYMENT DETAILS:**

Credit Card (select one) – I authorise AMA (ACT) to debit my:

- Amex  MasterCard  Visa  Diners

Card No.:

Cardholder name: \_\_\_\_\_

Expiry date: \_\_\_\_\_

CWV: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

- Pay monthly  Pay annually

OR

Payroll Deduction (for fortnightly payments):

Given Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Employer: ACT Health \_\_\_\_\_

Staff Number or AGS Number: \_\_\_\_\_

Address of Pay Centre: Health Pay Team 3, C/- 40 Allara Street, CANBERRA CITY ACT 2600 \_\_\_\_\_

I, \_\_\_\_\_

GIVEN NAME(S) (BLOCK LETTERS)

SURNAME (BLOCK LETTERS)

hereby authorise you to deduct from my salary or wages payable, the amount of \$\_\_\_\_\_ each fortnight as membership subscriptions to the Australian Medical Association (ACT) Ltd and on my behalf pay any such amounts deducted to the AMA (ACT).

Should this amount payable by me to the AMA (ACT) be altered by reason of any change in the rate of membership subscriptions, then this authority shall extend to and cover the altered contributions to the AMA (ACT).

This request is to continue until withdrawn by me in writing. All amounts remitted on my behalf pursuant to this Authority shall be deemed to be payments to me personally. I agree not to hold my employer or its employees liable if deductions are not made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Effect: \_\_\_\_\_

Pay Deduction Code: AMA \_\_\_\_\_

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