

**Yes join  
me up!**

**How to apply**

- ▶ Online at [join.ama.com.au](http://join.ama.com.au)
- ▶ Complete this form and send to PO Box 123, Red Hill QLD 4059
- ▶ Call our friendly Membership team on (07) 3872 2222
- ▶ Email this form to [membership@amaq.com.au](mailto:membership@amaq.com.au)



I hereby apply to be elected to a member of the Australian Medical Association and The Australian Medical Association Queensland Limited, 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: \_\_\_\_\_

Date of birth:    /    /    Gender:    Female    Male    Non-binary    Prefer not to answer    Different term: \_\_\_\_\_

Postal/home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander origin?  
 Yes    No    Do not disclose    Yes, Aboriginal    Yes, Torres Strait Islander    Yes, both Aboriginal and Torres Strait Islander

**PRINCIPAL PRACTICE DETAILS**

Practice Name: \_\_\_\_\_

Principal practice address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred mailing address:    Home    Business

**JUNIOR MEDICAL PRACTITIONERS** (Please tick)

Visit [ama.com.au/qld/membership-rates](http://ama.com.au/qld/membership-rates) for current rates

(Please Tick)	Category	Postgraduate Year	Monthly rate	Fortnightly rate*	Annual rate
<input type="checkbox"/>	INTERN	PGY1	\$42.50	\$19.61	\$510
<input type="checkbox"/>	JUNIOR HOUSE OFFICER	PGY2	\$51.83	\$23.92	\$622
<input type="checkbox"/>	SENIOR HOUSE OFFICER	PGY3	\$59.66	\$27.54	\$716
<input type="checkbox"/>	PRINCIPAL HOUSE OFFICER	PGY4	\$72.25	\$33.35	\$867
<input type="checkbox"/>	REGISTRAR	PGY5	\$86.16	\$39.77	\$1,034

**SENIOR MEDICAL PRACTITIONERS** (Please tick)

Visit [ama.com.au/qld/membership-rates](http://ama.com.au/qld/membership-rates) for current rates

(Please Tick)	Category	Monthly rate	Fortnightly rate*	Annual rate
<input type="checkbox"/>	FULL-TIME MEDICAL PRACTITIONER	\$141.92	\$65.50	\$1,703
<input type="checkbox"/>	PART-TIME 21 – 30 HOURS PER WEEK	\$102.41	\$47.27	\$1,229
<input type="checkbox"/>	PART-TIME 11 – 20 HOURS PER WEEK	\$77.17	\$35.62	\$926
<input type="checkbox"/>	PART-TIME UP TO 10 HOURS PER WEEK	\$35	\$16.15	\$420

**Your membership is tax deductible**

\*Where available via Queensland Health

**EMPLOYED AS** (Please tick)

Visiting Medical Officer – VMO	Intern	Current Hospital: _____
GP Registrar	Registrar	Training Pathway: _____
Resident Medical Officer	Senior Registrar	Expected Completion Date: _____

Want a **discount** on  
your membership rate  
for **1 year?**  
**Refer a member  
today**



**REFER 1 MEMBER**  
25% discount  
on your membership



**REFER 3 MEMBERS**  
75% discount  
on your membership



**REFER 2 MEMBERS**  
50% discount  
on your membership



**REFER 4 MEMBERS**  
Complementary  
membership for one year

**No penalty fees  
applied to monthly  
payments**

## ASMOFQ

Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) and the Australian Salaried Medical Officers Federation (ASMOF) for no extra cost which AMA Queensland will make application for on your behalf unless you advise AMA Queensland, within 14 days' of making this application, that you do not wish to proceed.

Members agree to abide by the rules and policies of ASMOFQ and ASMOF and may resign from ASMOF and ASMOFQ by written notice to the Secretary.



## WERE YOU REFERRED BY A MEMBER?

Yes No Name: \_\_\_\_\_

## DID YOU GRADUATE FROM YOUR MEDICAL DEGREE OUTSIDE OF AUSTRALIA OR NEW ZEALAND?

Yes No \_\_\_\_\_

## WHAT WOULD YOU LIKE FROM YOUR MEMBERSHIP

**Why are you joining AMA Queensland:** (Please tick)

MOCA Negotiation \_\_\_\_\_

Belonging to the peak medical professional body \_\_\_\_\_

Lobbying health policy areas \_\_\_\_\_

Professional resources and training \_\_\_\_\_

Workplace and industrial relations support and advice \_\_\_\_\_

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

## QUEENSLAND HEALTH 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 Australian Medical Association Queensland Limited 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: / /

## PAYMENT DETAILS

Annual Monthly \$ \_\_\_\_\_

Amex Visa Mastercard

Card number: \_\_\_\_\_

Expiry date: /

*I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above monthly I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing. In the event that my application for membership is not approved AMA Queensland will refund any subscription amount paid.*

Cardholder's name: \_\_\_\_\_

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

## 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 Queensland. 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.

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: / /

**Your membership is tax deductible**