AMA QUEENSLAND

AMA Queensland application form

2024 Intern Membership

Your details and declaration

I, _____

(GIVEN NAME/S) (SURNAME)

a registered Medical Practitioner, AGREE, if elected, to abide by the Regulations, By-Laws and Code of Ethics of the Australian Medical Association and the Constitution and By-Laws of Australian Medical Association Queensland Limited.

Signature: _____ Date: _____

Postal address (home): _____

_____ Postcode: _____

After hours phone: _____ Mobile: _____

Preferred email: _____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer

☐ Different term: _____

Date of birth: _____ /_____ /_____

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ Yes ☐ No ☐ Prefer not to answer

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Hospital allocated for 2024: _____

University graduated: _____

Payment options:

QUEENSLAND HEALTH EMPLOYEES ONLY

☐ **QUEENSLAND HEALTH SUPPORTED PAYROLL DEDUCTION**

Queensland Health employee number (if known):

I authorise Queensland Health to release my payroll number and continue to deduct from my salary the sum of **$19.85** 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: / /

Payments commence in February 2024

asmofq
AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION QUEENSLAND, INDUSTRIAL ORGANISATION OF EMPLOYEES

ASMOFQ/ ASMOFQB

This AMA Queensland membership application includes application for membership with the Australian Salaried Medical Officers' Federation Queensland, Industrial Organisation of Employees (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.

Please note: membership rates are subject to change annually and are tax deductible.

See overleaf if you are a non-Queensland Health employee

07/11/2023

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Payment options:

ALL MEMBERS

☐ **1. CREDIT CARD**

Amount: $43 / monthly

Credit card type: ☐ Visa ☐ Mastercard ☐ American Express

Credit card number: _____ Expiry: ____/____

I authorise and request The Australian Medical Association Queensland Limited to debit the above nominated credit card upon receipt of this authorisation and thereafter monthly as nominated above. I acknowledge that this is a perpetual authorisation and will remain in force until cancelled in writing.

Cardholder's name: _____

Cardholder's signature: _____ Date: _____

☐ **2. DIRECT DEBIT**

Amount: $43 / monthly

Account held in the name of: _____

Financial Institution's BSB: _____ Account number: _____

I/we authorise and request The Australian Medical Association Queensland Limited with User ID Number 9013 to debit my/our account in accordance with the agreement as nominated above. (Please note that direct debit is not available on the full range of accounts. If in doubt, please check with your financial institution.)

Account holder's signature: _____ Date: _____

Payments commence in February 2024

Please send your completed Intern Membership form through to:
membership@amaq.com.au

Please note: membership rates are subject to change annually and are tax deductible.

View our privacy policy at **ama.com.au/qld/privacy-policy**.

View our member benefits

ama.com.au/qld/member-benefits

ama.com.au/qld