



**Practice managers can now personally connect with our organisations via our Practice Manager Affiliate (PMA).**

**You will:**

- ▶ Be able to use the post nominal – PMA of AMA Queensland.
- ▶ Receive member rates on AMA Queensland conferences and events.
- ▶ Stay up-to-date with our monthly PMA e-newsletter.
- ▶ Create opportunities to connect with fellow PMA Members.
- ▶ Receive a discount of \$85 off the cost of the Practice Manager Training.
- ▶ Receive free the Workplace Relations Practice Manager pack.

**If your practice subscribes to the Workplace Relations Toolkit, your affiliation will be complimentary.**

**Yes  
join me up!**

**HOW TO APPLY**

- ▶ Complete this form and send to **PO Box 123, Red Hill QLD 4059**
- ▶ Call our friendly Workplace Relations Team on **07 3872 2264**
- ▶ Email this form to **workplacerelements@amaq.com.au**



**CONTACT DETAILS:** (Please print BLOCK LETTERS in blue/black ink)

First Name: \_\_\_\_\_ 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 ADDRESS:**

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

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

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

**IS A DOCTOR IN YOUR PRACTICE A CURRENT AMA MEMBER:**

Yes     No

Doctors full name: \_\_\_\_\_

Doctors AMA Id number: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT HAPPENS NEXT?**

Upon receipt of your application, your payment will be processed and AMA Queensland will process approval of your subscription. Once approved you will receive a confirmation and welcome to AMA Queensland.

**I declare that the information provided on this subscription application form is true and correct.**

Signature: \_\_\_\_\_ Date:    /    /

View our privacy policy at [ama.com.au/qld/privacy-policy](http://ama.com.au/qld/privacy-policy).

**PRACTICE MANAGER AFFILIATE FEE**

\$85 per year or part there of

Subscription runs 1 January to 31 December

**PAYMENT DETAILS:**

AMEX     Visa     Mastercard

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

Expiry date:    /                      Amount \$ \_\_\_\_\_

*I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter if nominated above yearly 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: \_\_\_\_\_