



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: / /

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: _____