Join now



Membership application form 2024

25% IMG discount for the first-year practising in Australia

Your membership is tax deductible

Yes join me up!

How to apply

- Online at ama.com.au/join-the-ama
- Complete this form and email to membership@amaq.com.au
- Post to PO Box 123, Red Hill QLD 4059
- Call our Membership Team on 07 3872 2222
- 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: / / Ge		Gender:	Female	Male	Non-binary	Prefer not to answer	Different term:	
Postal/home	address:							
Suburb:						State	:	Postcode:
Home phone:				Mobile: Email:				
Are you of A	boriginal and/	or Torres S	trait Island	ler origin?				
No	Prefer not to a	inswer	Yes, Abo	riginal	Yes, Torre	es Strait Islander	Yes, both Aborig	ginal and Torres Strait Islander
Principal Practice Nan	oractice de	etails						
Principal pra	ctice address:	•						
Suburb:						State	:	Postcode:
Preferred ma	iling address	: Hom	е Ві	ısiness				

Junior M	edical Practitioners – 2	25% IMG discount (Please tick)	Visit ama.com.au/qld/membership-rates for current rates			
(Please Tick)	Category	Postgraduate Year	Monthly rate	Fortnightly rate*	Annual rate	
	Intern	PGY1	\$32.25	\$14.88	\$387	
	Junior House Officer	PGY2	\$39.38	\$18.17	\$472.50	
	Senior House Officer	PGY3	\$45.38	\$20.94	\$544.50	
	Principal House Officer	PGY4	\$55	\$25.38	\$660	
	Registrar	PGY5	\$65.69	\$30.32	\$788.25	

Senior M	edical Practitioners – 25% IMG discount (Please tick)	Visit ama.com.au/qld/membership-rates for current rates			
(Please Tick)	Category	Monthly rate	Fortnightly rate*	Annual rate	
	Full-time Medical Practitioner	\$107.88	\$49.79	\$1,294.50	
	Part-time 21 – 30 hours per week	\$77.94	\$35.97	\$935.25	
	Part-time 11 – 20 hours per week	\$59	\$27.23	\$708	
	Part-time up to 10 hours per week	\$29.69	\$12.32	\$320.25	
				·	

* 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*



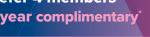
Refer 3 members 75% discount



Refer 2 members 50% discount*



Refer 4 members 1 year complimentary





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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 referr	ed by a member?
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1 0	Name
	10 0

Did you graduate from your medical degree outside of Australia or New Zealand?

Yes	No
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Other:

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

Queensland Health Payroll Deduction

Queensland Health er	mployee number:
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I authorise Queensland Health to continue to deduct from my salary the 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:	/	/

No administration fees applied to monthly payments

Payment details						
Annu	al	Monthly		\$		
Ame	ν V	'isa	Mastercard			
Card nur	nber:					
Expiry da	ıte:	/				
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.						
Cardholo	ler's nam	e:				
Signature	e:					

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?

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?

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