

# Membership application form

## 2025 Intern Membership

AMA Queensland membership is tax deductible.



### Your details and declaration

I, \_\_\_\_\_  
(PREFIX) (FIRST NAME) (MIDDLE NAME) (LAST NAME)

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 the 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?

No  Prefer not to answer  
 Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Hospital allocated for 2025: \_\_\_\_\_

University graduated: \_\_\_\_\_

### Payment options:

#### 1. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



### ASMOFQ

Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers' Federation Queensland, Industrial Organisation of Employees (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.

Please note, membership rates are subject to change annually. For current membership rates please visit [ama.com.au/qld/join/membership-rates](http://ama.com.au/qld/join/membership-rates).

See overleaf for payment options if you are a non-Queensland Health employee.

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### Payment options (continued):

#### ALL MEMBERS

#### 2. Credit/Debit card

Amount: \$43 / monthly

Card type:  Visa  Mastercard  American Express

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: \_\_\_\_\_

#### 3. 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: \_\_\_\_\_

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

**Please note, membership rates are subject to change annually.**  
**For current membership rates please visit [ama.com.au/qld/join/membership-rates](https://ama.com.au/qld/join/membership-rates).**

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

### View our member benefits



[ama.com.au/qld/member-benefits](https://ama.com.au/qld/member-benefits)

## How to apply

- ▶ Online at [ama.com.au/join-the-ama](https://ama.com.au/join-the-ama)  
(Queensland Health Payroll Deduction is not available via online application)
- ▶ Complete this form and email [membership@amaq.com.au](mailto:membership@amaq.com.au)
- ▶ Post to **PO Box 123, Red Hill QLD 4059**
- ▶ Call our Membership Team on **07 3872 2222**