



Membership application form 2025

International Medical Graduate (IMG) discount – first year membership with AMA Queensland: 25% off membership fees.

AMA Queensland 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)

Prefix: Dr A/Prof Prof Other: _____

First name: _____ Middle 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?
 No Prefer not to answer Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Principal practice details

Are you a practice owner? Yes No

Practice name: _____

Principal practice address: _____

Suburb: _____ State: _____ Postcode: _____

Preferred mailing address: Home Business

| Junior Medical Practitioners – 25% discount (Please tick) | | | Visit ama.com.au/qld/membership-rates for current rates | | |
|---|-------------------------|-------------------|--|------------------------|------------------|
| (Please Tick) | Category | Postgraduate Year | 2025 Monthly rate | 2025 Fortnightly rate* | 2025 Annual rate |
| <input type="checkbox"/> | Intern | PGY1 | \$32.25 | \$14.88 | \$387 |
| <input type="checkbox"/> | Junior House Officer | PGY2 | \$39.38 | \$18.17 | \$472.50 |
| <input type="checkbox"/> | Senior House Officer | PGY3 | \$45.38 | \$20.94 | \$544.50 |
| <input type="checkbox"/> | Principal House Officer | PGY4 | \$55 | \$25.38 | \$660 |
| <input type="checkbox"/> | Registrar | PGY5 | \$65.69 | \$30.32 | \$788.25 |

| Senior Medical Practitioners – 25% discount (Please tick) | | Visit ama.com.au/qld/membership-rates for current rates | | |
|---|-----------------------------------|--|------------------------|------------------|
| (Please Tick) | Category | 2025 Monthly rate | 2025 Fortnightly rate* | 2025 Annual rate |
| <input type="checkbox"/> | Full-time Medical Practitioner | \$109.75 | \$50.65 | \$1,317 |
| <input type="checkbox"/> | Part-time 21 – 30 hours per week | \$79.38 | \$36.63 | \$952.50 |
| <input type="checkbox"/> | Part-time 11 – 20 hours per week | \$60.44 | \$27.89 | \$725.25 |
| <input type="checkbox"/> | Part-time up to 10 hours per week | \$27.25 | \$12.58 | \$327 |

* Where available via Queensland Health

Employed as (Please tick)

| | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Visiting Medical Officer – VMO | <input type="checkbox"/> Intern | Current Hospital: _____ |
| <input type="checkbox"/> GP Registrar | <input type="checkbox"/> Registrar | Training Pathway: _____ |
| <input type="checkbox"/> Resident Medical Officer | <input type="checkbox"/> 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 2 members
50% discount*



Refer 3 members
75% discount*



Refer 4 members
1 year complimentary*

*T&C apply

11/1/2024

Membership application form 2025

International Medical Graduate (IMG) discount – first year membership with AMA Queensland: 25% off membership fees.

AMA Queensland membership is tax deductible.



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. AMA Queensland will make the application 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 referred by a member?

Yes No

Member's full name: _____

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

Yes No

If yes, which country? _____

What would you like from your membership?

Why are you joining AMA Queensland: (Please tick)

MOCA negotiation

Belonging to the peak medical professional body

Health policy advocacy

Professional resources and training

Workplace and industrial relations support and advice

Other: _____

Queensland Health Payroll Deduction

Queensland Health employee number: _____

I authorise Queensland Health to continue to deduct from my salary the sum of \$_____ 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

Annual Monthly \$ _____

Amex Visa Mastercard

Card number: _____

Expiry date: ____ / ____

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.

Cardholder's name: _____

Signature: _____

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?

Yes No

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 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?

No Yes

Please be aware if you have an ongoing or pre-existing issue AMA Queensland reserves the right to determine the level of support it 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: ____ / ____ / ____