

YES! Join me up.

 Complete this form, save and email to ama@amatas.com.au

I hereby apply to be elected a member of the Australian Medical Association (AMA)/Australian Medical Association Tasmania. I agree to observe the principles stated in the Declaration of Geneva and the rules of the AMA.

Title	First Name
Last Name	
Date of Birth	Mobile
Gender	
<input type="checkbox"/> Man/Male <input type="checkbox"/> Woman/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different Term <input type="checkbox"/> Prefer not to answer	
Home Address	
Suburb	Post Code
Email	
Hospital employed at:	<input type="checkbox"/> Royal Hobart Hospital <input type="checkbox"/> Launceston General Hospital <input type="checkbox"/> Northwest Regional Hospital

As a salaried doctor do you wish to be part of ASMOF/TSMPS for union representation?

 Yes No (no additional charge or cost)

FORTNIGHTLY MEMBERSHIP FEES - FULLY TAX DEDUCTIBLE

DIT	year 1/Intern	\$16.83		DIT	year 4/Registrar	\$34.06
DIT	year 2/RMO/HMO	\$21.10		DIT	year 5/Registrar	\$42.74
DIT	year 3/RMO/HMO	\$26.36				

SALARY DOCTORS - SALARY DEDUCTION AUTHORITY FORM THS

Method of Payment

THS Employee Number (if known)

I authorise AMA Tasmania to commence the following deductions from my pay:

Name of organisation	AMA Membership Number	Current deduction amount	New deduction amount	New deduction to commence first pay period on or after
AMA Tasmania – Creditor Code: AUS40		\$	\$	January 2025

Signature of employee:

Date: