



Australian Chinese Medical Association Inc

Membership Application

Application for ordinary membership of the Australian Chinese Medical Association

Basic Information

Full Name: _____ DOB: _____
Title Given Names Surname

Practice Address: _____
Street Address

City State Postcode

Postal Address: _____
Street Address

City State Postcode

Home Address: _____
(Optional) Street Address

City State Postcode

Work Tel: _____ Work Fax: _____

Home Tel: _____ Home Fax: _____ Mobile: _____

Email: _____

Qualifications

Qualifications: _____ University: _____
Eg, MBBS, FRACGP Medical School Year of Graduation

Specialty: _____ Are you a Junior Medical Officer? YES NO

AHPRA Registration: _____

Admitting Rights: _____

Membership and Other Information

Previous ACMA member? YES NO
 If yes, when? _____

Australian Chinese Medical Association Inc.

Send this form to: membership@acma.org.au

Other Medical Associations: _____

Languages Spoken: _____ Hobbies/Interests:: _____

Spouse Name:: _____ ACMA member? YES NO

Nomination by Current ACMA Members

According to the ACMA constitution, all prospective members need to be nominated by **two** existing ACMA members. Please state your nominators and provide us with their contact email addresses for us to verify your nomination.

Nominator 1: _____ Nominator 2: _____

Email 1: _____ Email 2: _____

Membership Profile

For New Members, we'd like to profile you (newsletter/ Facebook), so please send the following details (optional) to office@acma.org.au

- Bio (under 100 words)
- Photo (headshot /professional / not holiday pic)

* For examples of profiles, please see About Us > Management Team | www.acma.org.au

We also have an online members directory. Participation is again optional, but we would encourage all members to take advantage of this to raise their public profiles. Please indicate below if you would like to receive the log in details to set up this profile.

Yes, I would like to raise my public profile through the ACMA online members directory

Signature

I hereby apply to become an Ordinary Member of the Australian Chinese Medical Association Inc and I agree to abide by the rules and regulations of the Association.

Signature: _____ Date: _____

Payment Information

The fees for 2022 are as follows: **Entrance Fee:**

- Ordinary Members: \$75 + GST = \$82.50
- Rejoin Members: \$10 + GST = \$11.00
- Intern Members: Nil

Subscription Fee:

Covers the calendar year (1 Jan to 31 Dec)

- Application at 1 Jan – 30 Jun: \$180 + GST = \$198
- Application at 1 Jul – 31 Dec \$90 + GST = \$99

Note: Spouses, retirees, new graduates (PGY 1-3) and members who reside interstate/overseas for at least 6 months will receive a 50% discount on the above fees.

Fee to be paid:

Entrance Fee \$ _____ + Subscription Fee \$ _____ = Total amount: \$ _____

Payment via EFT:

Account Name: Australian Chinese Medical Association Inc. BSB no.: 032069. Account no.: 655239.