



Membership Application

Australian Chinese Medical Association Inc

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

Medical Registration: _____ RACGP QA/CE no.: _____

Admitting Rights: _____

Membership and Other Information

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

Other Medical Associations: _____

Languages Spoken: _____ Hobbies/Interests:: _____

Spouse Name:: _____ ACMA member? YES NO

Would you like to be included on the ACMA e-Forum? YES NO Would you prefer to receive ACMA notices, flyers and correspondence by email? 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 nominees and provide us with their contact email addresses for us to verify your nomination.

Nominee 1: _____ Nominee 2: _____

Email 1: _____ Email 2: _____

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 2019 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 Options:

A variety of payment options exist:

- **Credit Card** (VISA and MasterCard accepted) – enter details below or call the office to give the secretary the card details
- **Bank Account Transfer** - Account Name: Australian Chinese Medical Association Inc. BSB no.: 062 006. Account no.: 1149 9994.
- **Cheque** – Enclose a cheque payable to “ACMA Inc”

I wish to pay the ACMA by: Cheque Credit Card Electronic Funds Transfer

Cardholders Name: _____ Amount (\$): _____

Card Number: _____ Expiry:: _____

Signature: _____ Date:: _____