



2023 Application for Membership to Australian Chinese Medical Association

Qualifications

Basic information

Family name First given name Second given name Second given name 9 A HPRA Registration Num Second given name 9 Are you a recent graduation 9 No 10 Have you been a memb Yes Last year of active No 11 Please list other medication	
Second given name Second given name 2 Your date of birth / / 3 Main practice address Postcode 4 Home address (optional) Postcode Membership Informa 10 Yes Last year of active Yes Last year of active No	Graduation Year
Second given name 2 Your date of birth / / 3 Main practice address Postcode 4 Home address (optional) Postcode 4 Home address (optional) Postcode 10 Have you been a memb Yes Last year of active No Second given name No	[]
 2 Your date of birth 3 Main practice address 3 Main practice address 4 Home address (optional) Postcode 4 Home address (optional) Postcode Membership Informa 10 Have you been a memb Yes Last year of active S Postal address No 	
 3 Main practice address 4 Home address (optional) Postcode 4 Home address (optional) Postcode Membership Informa 10 Have you been a memb Yes Last year of active No 	ate? <i>(PGY 1-3)</i>
4 Home address (optional) 4 Home address (optional) 9 Postcode 10 Have you been a memb 9 Yes 10 Last year of active 10 Last year of active]
 4 Home address (optional) Membership Informa 10 Have you been a memb Yes Yes Last year of active Membership Informa 	nitting Rights
Membership Informa 10 Have you been a memb Postcode Yes Last year of active Last year of active No	
Postcode Yes Contact Details Last year of active 5 Postal address No	
Contact Details	
	e membersnip
	al associations you are a part of
Postcode	
6 Work phone Other Information	
Work fax 12 Languages spoken	
Home phone 13 Hobbies and Interests	
Home fax	
Mobile 14 Spouse Full Name	
Email Member of ACMA?	

Nominators

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 e-mail addresses for us to verify your nomination.

15 Full Name of Nominator 1

E-mail of Nominator 1

16 Full Name of Nominator 2

E-mail of Nominator 2

Membership Profile (Optional)



We would like to create a profile for new members. If you wish to participate, please send thhe following details to office@acma.org.au:

- Biography (under 100 words) •
- Headshot

For examples of profiles, please visit our website www.acma.org.au/index.php/acma/theteam

Online Directory (Optional)

ACMA also has an online members directory. Participation is 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 log-in details to set up this profile.

17 Participation in online directory

Yes, I would like to participate.

No, I would not like to participate.

2023 Fee Schedule

Entrance Fee

- New members: \$82.50 (inc. GST) \$11.00 (inc. GST)
 - Old members rejoining:

The entrance fee is waived for interns.

- Annual Subscription Fee membership until 31 December
- Applications before 30 June: \$220.00 (inc. GST) •
- Applications after 1 July: \$110.00 (inc. GST)

A 50% discount on the subscription fee applies to spouses of existing ACMA members, retired members, recent graduates (PGY 1-3) and members residing out of NSW for > 6 months.

18	Have you been a member of ACMA before?							
	No							
	 Are you currently an intern? (PGY 1) No Yes 							
19	Are you applying for membership after July 1st 2023?							
20	Are you any of the following?							
	 A spouse of an existing ACMA member Retired A recent graduate (PGY 1-3) 							
•	\square Planning to reside out of NSW for > 6 months in 202							
21	Total Amount Payable							
	\$							
22	-							
22	Credit Card							
22	 Credit Card Please enter your card details below or call the AC secretary on 0438131638 							
22	 Credit Card Please enter your card details below or call the AC secretary on 0438131638 Cardholders Name 							
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De	 Credit Card Please enter your card details below or call the AC secretary on 0438131638 <u>Cardholders Name</u> <u>Card Number</u> <u>Card Number</u> <u>Card Number</u> <u>Expiry</u> <u>Card Number</u> <u>Expiry</u> <u>Filease transfer</u> Please transfer the amount payable to: <u>Name:</u> Australian Chinese Medical Association <u>BSB:</u> 062-006 <u>Account Number:</u> 1149 9994 Cheque Please enclose a cheque payable to "ACMA Inc" Claration and Signature I declare that: to the best of my knowledge, the information in 							
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Signature

Date			

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