

AMA Queensland Membership application form



HOW TO APPLY:

- online at www.amaq.com.au/membership
- or by using this application form.

I hereby apply to be elected a member of the Australian Medical Association and the Queensland Branch of the Australian Medical Association, and agree if elected, to observe the principles stated in the Declaration of Geneva.

1. APPLICATION FOR ADMISSION AS: (please tick)

Resident & Registrar Intern Principal house officer
 Junior house officer Registrar specialty:
 Senior house officer _____

General practitioner Academic

Specialist Specialty (please specify): _____

Are you currently registered with the Medical Board of Australia?

Yes No

If applicable, under which specialty/specialties are you registered with the Medical Board of Australia? _____

2. CONTACT DETAILS: (Please print BLOCK LETTERS in blue/black ink)

Full name: _____

Gender: Male Female Date of birth: / /

Postal/home address: _____

Principal practice name: _____

Principal practice address: _____

Suburb: State: Postcode:

Practice phone: _____

Mobile: After hours phone: _____

Practice fax: Pager number: _____

Email: _____

Graduation year: Institution: _____

Qualification/s: (including College fellowships) _____

Please indicate if your spouse is a medical practitioner: Yes No

If yes, please name: _____

Please indicate if you are proficient in a language/s other than English: _____

How do you wish to receive the Doctor Q magazine?: Online Post

How do you wish to receive the Annual Report?: Online Post

3. EMPLOYMENT TYPE/STATUS

Salaried Private Full-time Are you: Employer? Employee?

Position: Employer: _____

Discipline: _____

Right of private practice: Yes No

Private hospital VMO: Yes No

Public hospital VMO: Yes No

International Medical Graduate: Yes No

4. DECLARATION

I, (insert name)

A registered Medical Practitioner am desirous of being and hereby apply to be elected a Member of the Australian Medical Association and the Queensland Branch of the Australian Medical Association, AND I AGREE if elected to observe the principles stated in the Declaration of Geneva.

Signature: _____

Date: _____

5. REGISTER TO VOTE

Register your vote. Members have the opportunity to vote for craft group and area representatives in the annual Branch, and Federal Council elections of AMA. To register for vote please complete the Craft Group section below. Please note one choice only per Craft Group.

Preferred Mailing/Geographic Area: (Please tick)

Greater Brisbane 4000-4199, 4300-4349, 4500-4549

Capricorn Coast 4676-4798

Gold Coast Area 4200-4299

North Coast Area 4550-4601, 4619-4675

North Area 4799-4850

Far North Area 4851-4899

Downs and West Area 4350-4499, 4602-4618

AMA Queensland Craft Group: (Please tick)

General Practitioner

Specialist

Full-time Salaried Medical Officer

Part-time Medical Practitioner

Doctor in Training

Medical Student

Federal AMA Craft Group: (Please tick)

General Practitioner

Salaried Doctor

Paediatrician

Psychiatrist

Ophthalmologist

Surgeon

Physician

Doctors-in-training

Obstetrician Gynaecologist

Pathologist

Dermatologist

Radiologist

Emergency Physician

Anaesthetist

Orthopaedic Surgeon

SEPTEMBER PRO RATA RATES:

Membership category	Single	Joint*
Full-time practitioner	\$406.67	\$339.00
Part-time working 0 – 10 hours/week	\$100.67	\$79.67
Part-time working 11 – 20 hours/week	\$219.33	\$174.00
Part-time working 21 – 30 hours/week	\$292.33	\$237.67
Intern	\$132.00	\$108.67
Junior House Officer	\$132.00	\$108.67
Senior House Officer	\$132.00	\$108.67
Principal House Officer	\$251.67	\$204.33
Registrar	\$251.67	\$204.33
Full Time Academic	\$238.00	\$190.00
Overseas	\$212.67	\$173.33
Retired	\$74.33	\$61.67
Over 70 and Practising	\$193.67	\$158.67

*Joint rates apply to members with a spouse/partner who is also an AMA Member.

CONCESSIONS AVAILABLE (CONDITIONS APPLY)

International Medical Graduate 1st year practising in Australia	20% discount off the above fees
International Medical Graduate 2nd year practising in Australia	10% discount off the above fees
A one-off 50% exam concession is available for Junior doctors that sit an exam	Please discuss with AMA Queensland staff to access this reduction

6. DOCTORS' UNION QUEENSLAND



Please tick here to opt-in for associate membership of Doctors' Union Queensland. Associate membership is FREE for junior doctors. For more information, please visit www.amaq.com.au.

Signature: _____ Date: _____

Senior Doctors please tick here if you wish to receive further information on Doctors' Union Queensland.

7. DIRECTORY OF MEMBERS (GP's and Specialists only)

The *AMA Queensland Directory of Members (DOM)* is the 'Who's Who of Queensland medicine' and is a comprehensive and convenient reference resource for anyone involved in Queensland's health industry, with more than 4,000 copies distributed each year. The *Directory* lists General Practitioner and Specialist members of AMA Queensland as well as public hospitals, private hospitals, an overview of the medico-legal guidelines and doctors willing to involve themselves in such work. The *Directory* is also available to AMA Queensland members via the 'members only' area online in a fully searchable format.

Please note: In order to appear in the specialist section of the *Directory of Members*, members must be registered in their chosen specialty/specialities with the Medical Board of Australia (Ph: 1300 419 495).

I wish to OPT IN to the Directory of Members

Privacy:

AMA Queensland values your privacy. For a full privacy disclosure statement please refer to <http://www.amaq.com.au/privacy>

8. PAYMENT DETAILS: (Payment is accepted by cheque, credit card or direct debit)

Membership category: (refer to table on the left)

Subscription amount \$

Select ONE payment method from below:

8a. PAYMENT BY CREDIT CARD:

Please charge my credit card: Visa MasterCard Amex

Payment : In full Quarterly Monthly

Card number:

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Expiry date: / Amount \$

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above (monthly, quarterly or annually). I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing.

Cardholder's name:

Signature:

8b. PAYMENT BY DIRECT DEBIT:

To download a direct debit form go to www.amaq.com.au/directdebit or contact the membership department on 07 3872 2222 or membership@amaq.com.au.

8c. PAYMENT CHEQUE/MONEY ORDER:

I have enclosed a cheque/money order payable to AMA Queensland

9. WHAT WOULD YOU LIKE FROM YOUR MEMBERSHIP:

Why are you joining AMA Queensland: (Please tick)

Belonging to the peak medical professional body

Lobbying health policy areas

Professional resources and training

Workplace and industrial relations support and advice

Personal saving and special offers

Other _____

WHAT HAPPENS NEXT

Upon receipt of your application, your payment will be processed and you will then receive a confirmation letter. You are immediately entitled to member services and benefits.

Within approximately one month you will receive a membership pack including a membership card and certificate. Membership is subject to Branch Council approval. Any application not approved will be notified in due course.

Return complete form to:

Membership Department, AMA Queensland, Reply Paid
123 Red Hill (Postage is free by marking Reply Paid on
any plain envelope) or fax all pages to (07) 3856 4727 or
APPLY ONLINE at www.amaq.com.au/membership