ASMOFQ MEMBERSHIP APPLICATION FORM

1. APPLICATION FOR ADMISSION AS: (please tick)

- ☐ Full time practitioner
- ☐ Part time 0 – 10 hrs per week
- ☐ Part time 11 – 20 hrs per week
- ☐ Part time 21 – 30 hrs per week
- ☐ Intern
- ☐ Junior house officer
- ☐ Senior house officer
- ☐ Principal house officer
- ☐ Registrar
- ☐ Over 70 practicing
- ☐ Parental leave

2. CRAFT GROUP:

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

Full name:

Gender: ☐ Male ☐ Female Date of birth: / /

Home phone: Mobile:

Email:

Postal/home address:

Suburb: State: Postcode:

PRINCIPAL PRACTICE ADDRESS:
Practice name:

Principal practice address:

Suburb: State: Postcode:

SECONDARY PRACTICE ADDRESS:
Practice name:

Practice address:

Suburb: State: Postcode:

4. EDUCATION: (Please print BLOCK LETTERS in blue/black ink)

Graduation year: Institution:

Qualification/s: (including College fellowships)

5. PRE-EXISTING WORKPLACE ISSUE:

☐ No ☐ Yes

Please be aware if you have an ongoing or pre-existing issue ASMOFQ reserves the right to determine the level of support they can provide for you.

6. EMPLOYMENT TYPE/STATUS

☐ Salaried ☐ Private ☐ Full-time ☐ Part-time

Position:

Employer:

Right of private practice:	☐ Yes	☐ No
Private hospital VMO:	☐ Yes	☐ No
Public hospital VMO:	☐ Yes	☐ No
International Medical Graduate:	☐ Yes	☐ No

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

Membership category: (refer to table on back)

PAYMENT BY CREDIT CARD: *If paying by direct bank transfer, please leave this section blank and we will contact you with the payment details*

☐ Visa ☐ MasterCard ☐ Amex

Payment : ☐ In full ☐ Monthly

Card number:

Expiry date: / Amount $

I authorise and request ASMOFQ (Australian Salaried Medical Officers' Federation Queensland, Industrial Organisation of Employees) to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above.
I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing. In the event that my application for membership is not approved, ASMOFQ will refund any subscription amount paid.
Your membership with ASMOFQ includes membership of its Federal counterpart, the Queensland Branch of the Australian Salaried Medical Officers' Federation, for no extra fee.

Cardholder's name:

Signature:

Please email form to: asmofqld@asmof.org.au