

ASMOFQ MEMBERSHIP APPLICATION FORM

1. APPLICATION FOR ADMISSION AS: (please tick)

- | | |
|---|--|
| <input type="checkbox"/> Full time practitioner | <input type="checkbox"/> Junior house officer |
| <input type="checkbox"/> Part time 0 – 10 hrs per week | <input type="checkbox"/> Senior house officer |
| <input type="checkbox"/> Part time 11 – 20 hrs per week | <input type="checkbox"/> Principal house officer |
| <input type="checkbox"/> Part time 21 – 30 hrs per week | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Over 70 practicing |
| | <input type="checkbox"/> 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:

Visa MasterCard Amex

Payment : In full Monthly

Card number:

XXXXXXXXXX XXXX XXXX XXXX XXXX

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. In the event that my application for membership is not approved AMA Queensland will refund any subscription amount paid.

Your membership with Australian Salaried Medical Officers Federation Queensland (ASMOFQ) includes it's Federal counterpart the Queensland Branch of the Australian Salaried Medical Officers Federation for no extra fee.

Cardholder's name:

Signature:

If full payment is made your membership is paid to 31 December of year of application.