

# ASMOFQ

## Membership application form

### 1. APPLICATION FOR ADMISSION AS: (please tick)

Resident & Registrar  Intern  Principal house officer  
 Junior house officer  Registrar specialty:  
 Senior house officer \_\_\_\_\_

General practitioner

Salary 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: \_\_\_\_\_

Suburb: State: Postcode:

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: \_\_\_\_\_

### 3. EMPLOYMENT TYPE/STATUS

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) \_\_\_\_\_

herewith make application for membership of the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) on and from the date of this application, and agree to abide by the rules and policies of the ASMOFQ as they may be amended from time to time.

Signature: \_\_\_\_\_ Date: / /

Your membership with ASMOFQ also includes membership with the Australian Salaried Medical Officers' Federation (ASMOF) and Australian Medical Association Queensland (AMA Queensland) for no extra fee.

As a salaried doctor, I wish to be an ASMOF member.

As a salaried doctor, I wish to be an AMA Queensland member.

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

Select ONE payment method from below:

Membership category: \_\_\_\_\_

Subscription amount \$ \_\_\_\_\_

#### 5a. PAYMENT BY CREDIT CARD:

Please charge my credit card:  Visa  MasterCard  Amex

Card number: \_\_\_\_\_

\_\_\_\_\_

Expiry date: / Amount \$ \_\_\_\_\_

I authorise and request ASMOFQ 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: \_\_\_\_\_

#### 5b. PAYMENT BY DIRECT DEBIT:

Direct desposit amount \$ \_\_\_\_\_

To make payment by direct deposit, the details are:

**Bank of Queensland BSB: 124-084 Account: 10 032 949**

#### 5c. PAYMENT CHEQUE/MONEY ORDER:

I have enclosed a cheque/money order payable to ASMOFQ

### Return completed form to:

Membership Department ASMOFQ,  
Reply Paid 123 Red Hill, QLD 4059

(Postage is free by marking Reply Paid  
on any plain envelope)

or fax all pages to **(07) 3856 4727**

### CONTACT ASMOFQ

88 L'Estrange Terrace,  
Kelvin Grove, QLD 4059

T: +61 7 3872 2222

E: [asmofq@amaq.com.au](mailto:asmofq@amaq.com.au)

W: [www.asmofq.org.au](http://www.asmofq.org.au)