

## **Australian Chinese Medical Association Inc**

## Application for ordinary membership of the Australian Chinese Medical Association

Basic Information													
Full Name:						DOB:							
	Title	Given Names		Surname									
Practice Address:		Street Address											
Postal Address:		City			State	Postcode							
		Street Address											
		City			State	Postcode							
Home Addre (Optional)	ess:	Street Address											
		City			State	Postcode							
Work Tel:			Work Fax:										
Home Tel:	. <u> </u>		Home Fax:		Mobile:								
Email:													
Qualifications													
Qualification			University	:									
	Eg,	MBBS, FRACGP		Medical School	Ye	ear of Graduation							
Specialty:				YES Are you a Junior Medical Officer?									
Medical Registration:				RACGP QA/CE no::									
Admitting Ri	ights:												
Membership and Other Information													
Previous AC	CMA m	YES NC											
Australian Chinese Medical Association Inc. Suite 604, 309 Pitt Street, Sydney NSW 2000 Email: office@acma.org.au; Tel: (02) 9267 5977; Fax: (02) 9267 0003 1													

Other Medical Associations:														
Languages Spoken:			Hobbies/Interests::											
Spouse Name::				ACMA n	nember?	YES	NO □							
Would you like to be included e-Forum?	on the ACMA YES			to receive ACMA not condence by email?	tices,	YES	NO □							
	Nomination	by Cu	rrent ACMA M	embers										
According to the ACMA constitution, all prospective members need to be nominated by <b>two</b> existing ACMA members. Please state your nominees and provide us with their contact email addresses for us to verify your nomination.														
Nominee 1:			Nominee 2:											
Email 1:			Email 2:											
		Sig	Inature											
I hereby apply to become an Ordinary Member of the Australian Chinese Medical Association Inc and I agree to abide by the rules and regulations of the Association.														
Signature:			Date:											
	Pa	yment	Information											
The fees for 2020 are as follo <u>Entrance Fee:</u> • Ordinary Members: • Rejoin Members: • Intern Members:		) C ) N m	<ul> <li>Application</li> <li>Application</li> <li>ote: Spouses, retire</li> <li>embers who reside</li> </ul>	r year (1 Jan to 31 Do at 1 Jan – 30 Jun: at 1 Jul – 31 Dec rees, new graduates e interstate/overseas liscount on the above	\$180 + G \$90 + GS (PGY 1-3) s for at lea	T = \$99 and	)							
Fee to be paid:														
Entrance Fee \$	+ Subscription Fe	e \$	= Tot	al amount: \$										
<ul> <li>Payment Options:</li> <li>A variety of payment options exist: <ul> <li>Credit Card (VISA and MasterCard accepted) – enter details below or call the office to give the secretary the card details</li> <li>Bank Account Transfer - Account Name: Australian Chinese Medical Association Inc. BSB no.: 062 006. Account no.: 1149 9994.</li> <li>Cheque – Enclose a cheque payable to "ACMA Inc"</li> </ul> </li> </ul>														
I wish to pay the ACMA by:	Cheque		Credit Card	Electroni	ic Funds <sup>·</sup>	Transfe	er							
Cardholders Name:			Amount (\$):											
Card Number:			Expiry::											
Signature:			Date::											

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