

2023 Application for Membership to Australian Chinese Medical Association

BS	ISIC INTORMATION	Qu	alifications	
1	Dr	7	Postnominals (e.g. MBBS, FRAC	GP)
	Family name			
			University	Graduation Year
	First given name			
		8	AHPRA Registration Number	
	Second given name		7 th 10 thogloud and 11 thinson	
		0	A	(d
2	Your date of birth	9	Are you a recent graduate? (PG) Yes	Y 1-3)
_	/ /		□ No	
•			Specialty	
3	Main practice address		Specially	
			Hospital with Admitting Ri	nhte
			nospital with Admitting Hi	giito
	Postcode			
4	Home address (optional)	N/A	mharabin Information	
			embership Information	
		10	Have you been a member of AC	MA before?
	Postcode		Yes	
Co	ontact Details		Last year of active member	ership
5	Postal address		∟ No	
		11	Please list other medical associa	ations you are a part of
	Poetrode			
	Postcode			
6	Work phone	Ot!	her Information	
		12	Languages spoken	
	Work fax		Languages oponom	
	Home phone			
		13	Hobbies and Interests	
	Home fax			
	Mobile	14	Spouse Full Name	
	Email		Member of ACMA?	
			☐ Yes ☐ No	

Nominators

According to the ACMA constitution, all prospective members need to be nominated by **two existing** ACMA members.

Please state your nominators and provide us with their contact e-mail addresses for us to verify your nomination.

15	Full Name of Nominator 1
	E-mail of Nominator 1
16	Full Name of Nominator 2
	E-mail of Nominator 2

Membership Profile (Optional)



We would like to create a profile for new members. If you wish to participate, please send thhe following details to office@acma.org.au:

- Biography (under 100 words)
- Headshot

For examples of profiles, please visit our website www.acma.org.au/index.php/acma/theteam

Online Directory (Optional)

ACMA also has an online members directory. Participation is optional, but we would encourage all members to take advantage of this to raise their public profiles.

Please indicate below if you would like to receive log-in details to set up this profile.

• • I di dioipadioni in omino di obtoi	17	Participation	in	online	director	'V
--	----	---------------	----	--------	----------	----

Yes, I would like to participate.

No, I would **not** like to participate.

2023 Fee Schedule

Entrance Fee

• New members: \$82.50 (inc. GST)

Old members rejoining: \$11.00 (inc. GST)

The entrance fee is waived for interns.

Annual Subscription Fee - membership until 31 December

• Applications before 30 June: \$220.00 (inc. GST)

Applications after 1 July: \$110.00 (inc. GST)

A 50% discount on the subscription fee applies to spouses of existing ACMA members, retired members, recent graduates (*PGY 1-3*) and members residing out of NSW for > 6 months.

Payment

18	Have you been a member of ACMA before? Yes No
	Are you currently an intern? (PGY 1) No Yes
19	
20	Are you any of the following?
	A spouse of an existing ACMA member Retired
	☐ A recent graduate (PGY 1-3)☐ Planning to reside out of NSW for > 6 months in 2023
21	Total Amount Payable
	\$
22	How would you like to pay? Credit Card
	Please enter your card details below or call the ACMA secretary on 0438131638
	Cardholders Name
	Card Number Expiry
	/
	Electronic Fund Transfer
	Please transfer the amount payable to: Name: Australian Chinese Medical Association Inc BSB: 062-006
	Account Number: 1149 9994
	Cheque
	Please enclose a cheque payable to "ACMA Inc"
De	claration and Signature
23	I declare that:
	• to the best of my knowledge, the information in this
	form is complete and correctI am applying to become a member of the Australian
	Chinese Medical Association (ACMA)
	I agree to abide by the rules and regulations of ACMA
	Signature
	Date