Australian Chinese Medical Association of Victoria

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APPLICATION / RENEWAL OF MEMBERSHIP 2008

1st January to 31st December 2008

Surname:

Given Name:

Sex: M / F

E-mail address:

Home Address:

Office Address:

Phone: home _____ office _____ fax _____ mobile _____

Qualifications: _____ University: _____ Year: _____

Academic position (Hospital, University, etc.): _____

Type of practice: ☐ GP ☐ Specialist ☐ Hospital ☐ Other _____

Specialty: _____ Special Interests: _____

Partner's Name: _____ Chinese Dialects Spoken: _____

☐ *I do NOT give permission for my name (only) to appear on attendance lists provided to ACMAV sponsors.*

Signature: _____ **Date**: ___ / ___ / _____

Entrance Fee (new members only)	**$55**
Annual Subscription Fee	
Ordinary member	**$176***
Medical Student	**$55**
1st or 2nd year HMO	**$99**
Affiliate member** (non-medical partner)	**$110**

FEES INCLUSIVE OF 10% GST

* pro rata fees of $132, $88 & $44 apply if new members are joining in the 2nd, 3rd or 4th yearly quarters respectively

** affiliate members pay an attendance fee at each event

FOR NEW MEMBERS ONLY

Proposer 1 Name: _____

Signature: _____

Proposer 2 Name: _____

Signature: _____

☐ ***New Member*** ☐ ***Renewal of Membership***

Please find enclosed my cheque ***OR*** credit card details payable to **Australian Chinese Medical Association Victoria Inc.**, for the following:

Entrance fee $ _____

Annual Subscription $ _____

TOTAL **$** _____

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date ___ /___ Mastercard / Visa (please circle)

Name on Card: _____

Signature: _____

OFFICE USE ONLY

Date Received: ____/____/ 20_____ Receipt No.: _____ Receipt Issue Date: ____/____/ 20_____

☐ Database update: ____/____/ 20_____ ☐ Email update: ____/____/ 20_____