

**YES
JOIN
ME UP!****HOW TO APPLY**

- ▶ Complete this form and send to PO Box 123, Red Hill Q 4059
- ▶ Call our friendly Membership team on (07) 3872 2222
- ▶ Email this form to membership@amaq.com.au

CONTACT DETAILS: (Please print BLOCK LETTERS in blue/black ink)

First Name:			Last Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of birth:	/	/
Postal/home address:					
Suburb:	State:	Postcode:			
Home phone:			Mobile:		
Email:					
PRINCIPAL PRACTICE ADDRESS:					
Practice Name:					
Principal practice address:					
Suburb:	State:	Postcode:			

PRACTICE MANAGER AFFILIATE FEE:

\$65.00 per year or part there of

Subscription runs 1 January to 31 December

PAYMENT DETAILS: Amex Visa MasterCard

Card number:

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Expiry date: / Amount \$

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter if nominated above yearly 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.

Cardholder's name: Signature: **WERE YOU REFERRED BY AN AMA MEMBER OR PRACTICE MANAGER AFFILIATE:** Yes NoName: **WHAT HAPPENS NEXT?**

Upon receipt of your application, your payment will be processed and AMA Queensland will process approval of your subscription. Once approved you will receive a confirmation and welcome to AMA Queensland.

I declare that the information provided on this subscription application form is true and correct.

Signature: Date: / /



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TO REGISTER

Simply email your application form (on back) or give us call us.

P: (07) 3872 2222

E: membership@amaq.com.au

If your practice subscribes to the new Workplace Relations Advisory Service, your affiliation will be complimentary.