



KURING-GAI DISTRICT
MEDICAL ASSOCIATION

KURING-GAI DISTRICT MEDICAL ASSOCIATION INC.

PO Box 1279, MEADOWBANK, NSW, 2114
TELEPHONE (02) 9807 4429 FAX (02) 9807 4129 info@kdma.com.au
ABN 455 152 840 65

MEMBERSHIP APPLICATION

TAX INVOICE

Please Print clearly:

SURNAME: _____ FIRST NAME: _____ TITLE: _____

SURGERY: _____

_____ POST CODE: _____

PHONE: (W) _____ (H) _____ FAX: _____ MOBILE: _____

HOME: _____

_____ POST CODE: _____

E-MAIL ADDRESS: _____

MAIL TO: HOME [] or WORK [] SPOUSE'S NAME: _____

MAJOR SPECIALTY: _____ SECONDARY SPECIALTY: _____

GP? YES [] NO [] - IF YES, STATE ANY SPECIFIC MEDICAL INTEREST PRACTISED: _____

MEMBER OF AMA? YES [] NO []

SCALE OF FEES 2018 (NB: Half of annual fee only is payable if joining after 1st July.)

MEMBER TYPE	FEES	10% GST	TOTAL DUE	PLEASE TICK MEMBERSHIP CATEGORY
Full-Time	\$200.00	+ \$20.00	\$220.00	
Part-Time** (see below)	\$145.45	+ \$14.55	\$160.00	
Retired Member** (see below)	\$145.45	+ \$14.55	\$160.00	
Country/Interstate	\$81.82	+ \$8.18	\$90.00	
RMO/Registrar **(1 st year Free then \$65 incl GST pa x 3yrs)	\$59.10	+\$5.90	\$65.00	
Student Member			No charge	
Associate Member (for Allied Health Professionals invited & accepted by the committee)	\$90.91	+\$9.09	\$100.00	

Please return this duly completed application form, together with cheque made payable to KDMA, to:

The Hon Treasurer, KDMA PO BOX 1279 MEADOWBANK NSW 2114

For Electronic Transfer - Commonwealth Bank, BSB 062 223 Account No 0091 7560 with your name.

Please tick appropriate Membership request:

- I hereby apply for **Full Time Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.
- I hereby apply for ****Part-Time Membership/Retired Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations. I declare that my gross income from all medically related pursuits is \$50,000 or less per annum.
- I hereby apply for **Country/Interstate Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.
- I hereby apply for **RMO/Registrar Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.
- I hereby apply for **Student Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.
- I hereby apply for **Associate Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

Signed: _____

Date: ____/____/____