

KURING-GAI DISTRICT MEDICAL ASSOCIATION INC.

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

**MEMBERSHIP APPLICATION
 TAX INVOICE**



KURING-GAI DISTRICT
 MEDICAL ASSOCIATION

Please Print clearly:

Surname: _____ First Name: _____ Title: _____

Surgery: _____ Post Code: _____

Phone:(W) _____ (H) _____ FAX: _____ Mobile: _____

HOME: _____ Post Code: _____

Email Address: _____ Spouse Name: _____

Mail to: Home or Work I WOULD PREFER THE NEWSLETTER EMAILED TO ME Yes No

Major Speciality: _____ Secondary Speciality: _____

GP? Yes No - If yes, state any specific medical interest practised: _____

Member of AMA? Yes No

SCALE OF FEES 2021 (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	\$213.64	+ \$21.36	\$235.00	
Part-Time** (see below)	\$159.09	+ \$15.91	\$175.00	
Retired Member** (see below)	\$159.09	+ \$15.91	\$175.00	
Country/Interstate	\$95.45	+ \$9.55	\$105.00	
RMO/Registrar ** (1 st year Free then \$80 incl GST pa x 3yrs)	\$72.73	+\$7.27	\$80.00	
Student Member			No charge	
Associate Member (for Allied Health Professionals invited & accepted by the committee)	\$104.55	+\$10.45	\$115.00	

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

OR fill in the online application form www.kdma.com.au – Become a Member.

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: ____/____/____