

**KURING-GAI DISTRICT MEDICAL ASSOCIATION INC.**

PO Box 1279 MEADOWBANK NSW 2114  
 PH (02) 9807 4429 FAX (02) 9807 4129 [info@kdma.com.au](mailto:info@kdma.com.au) [www.kdma.com.au](http://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: \_\_\_\_\_ Partner 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 2022 (NB: Half of annual fee only is payable if joining after 1<sup>st</sup> 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 <sup>st</sup> 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](http://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: \_\_\_\_/\_\_\_\_/\_\_\_\_