

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: _____ 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 2024 (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	\$236.36	+ \$23.64	\$260.00	
Part-Time** (see below)	\$177.27	+ \$17.73	\$195.00	
Retired Member** (see below)	\$177.27	+ \$17.73	\$195.00	
Country/Interstate	\$100.00	+ \$10.00	\$110.00	
RMO/Registrar (1 st year Free then \$90 pa x 3yrs) SPECIAL OFFER FOR NEW GPs \$90 pa x 3 yrs	\$81.82	+\$8.18	\$90.00	
Student Member			No charge	
Associate Member (for Allied Health Professionals invited & accepted by the committee)	\$113.64	+\$11.36	\$125.00	

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 or new GP 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: ____/____/____