



KURING-GAI DISTRICT
MEDICAL ASSOCIATION

KURING-GAI DISTRICT MEDICAL ASSOCIATION
ABN 455 152 840 65
RENEWAL OF MEMBERSHIP FOR 2018

TAX INVOICE

1st January, 2018

Dear Member

Your KDMA subscription for the year ending 31st December, 2018 is now due. Listed below are the fees set by Members at the Annual General Meeting of the Association, conducted on 23rd November, 2017.

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

IMPORTANT: Enclosed is a form which shows all the information currently held in the KDMA Membership Database. This is secure information, and your privacy is assured. Please make sure that you advise the office on 02 9807 4429, fax 02 9807 4129, or email info@kdma.com.au if you have changed any of your details, and to provide missing information. Please add or revise your email address as dinner invitations may be sent via email in the future.

Michael Hooper

Honorary Treasurer

SCALE OF FEES 2018

MEMBER TYPE	FEES	ADD 10% GST	TOTAL DUE (incl GST)
Full-Time Member	\$200.00	+ \$20.00	\$220.00
Part-Time Member*	\$145.45	+ \$14.55	\$160.00
Retired Member*	\$145.45	+ \$14.55	\$160.00
Country/Interstate Member	\$ 81.82	+ \$ 8.18	\$ 90.00
RMO/Registrar **(1st year Free then \$65 incl GST pa x 3yrs)	\$ 59.09	+\$ 5.91	\$ 65.00
Life Member (contribution for printed Newsletter)	\$ 36.36	+\$3.64	\$ 40.00
Student Member	No charge		No charge
Associate Member (for Allied Health Professionals invited & accepted by the committee)	\$90.91	+\$9.09	\$100.00

* If you wish to alter your membership category to Retired status, or to Part Time status (only available to those whose annual earnings from medically related work is \$50,000 per annum or less), please submit request in writing to Treasurer. You need not apply again unless your status alters.



RENEWAL OF MEMBERSHIP FOR 2018

PLEASE DETACH WHEN COMPLETED AND RETURN TO:

THE TREASURER, KDMA PO BOX 1279 MEADOWBANK 2114

Membership Type (please tick) Full time [] Part time [] Retired [] Country/Interstate [] RMO/Registrar []

Life [] Associate Member (Allied Health) [] Student [] Honorary []

I hereby apply to renew my Membership of Kuring-gai District Medical Association in accordance with the above scale of fees.

Signature: _____ Date: _____ Amount paid \$ _____

