



KURING-GAI DISTRICT
MEDICAL ASSOCIATION

KURING-GAI DISTRICT MEDICAL ASSOCIATION
ABN 455 152 840 65
RENEWAL OF MEMBERSHIP FOR 2020

TAX INVOICE

1st January, 2020

Dear Member

Your KDMA subscription for the year ending 31st December, 2020 is now due. Listed below are the fees set by Members at the Annual General Meeting of the Association, conducted on 21st November, 2019.

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.

John Beattie, OAM

Honorary Treasurer

SCALE OF FEES 2020

MEMBER TYPE	FEES	ADD 10% GST	TOTAL DUE (incl GST)
Full-Time Member	\$213.64	+ \$21.36	\$235.00
Part-Time Member*	\$159.09	+ \$15.91	\$175.00
Retired Member*	\$159.09	+ \$15.91	\$175.00
Country/Interstate Member	\$ 95.45	+ \$ 9.55	\$105.00
RMO/Registrar **(1st year Free then \$80 incl GST pa x 3yrs)	\$ 72.73	+ \$ 7.27	\$ 80.00
Life Member (contribution for printed Newsletter)	\$ 40.91	+\$4.09	\$ 45.00
Student Member	No charge		No charge
Associate Member (for Allied Health Professionals invited & accepted by the committee)	\$104.55	+\$10.45	\$115.00

* 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 2020

PLEASE DETACH WHEN COMPLETED AND RETURN WITH YOUR CHEQUE TO:

THE TREASURER, KDMA PO BOX 1279 MEADOWBANK 2114

or scan & email to info@kdma.com.au or fax (02) 9807 4129 when using EFT

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.

I WOULD PREFER THE NEWSLETTER EMAILED TO ME Yes No

Signature: _____ Date: _____ Amount paid \$ _____