



KURING-GAI DISTRICT MEDICAL ASSOCIATION

ABN 455 152 840 65

RENEWAL OF MEMBERSHIP FOR 2023

TAX INVOICE

1st January, 2023

Dear Member

Your KDMA subscription for the year ending 31st December, 2023 is now due. Listed below are the fees set by Members at the Annual General Meeting of the Association conducted on 10th November, 2022. PLEASE NOTE YOU CAN RENEW YOUR MEMBERSHIP VIA OUR WEBSITE RENEWAL FORM www.kdma.com.au on the BECOME A MEMBER page.

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 are usually sent via email. John Beattie, OAM - Honorary Treasurer

Table with 4 columns: MEMBER TYPE, FEES, ADD 10% GST, TOTAL DUE (incl GST). Rows include Full-Time Member, Part-Time Member*, Retired Member*, Country/Interstate Member, RMO/Registrar, Life Member, Student Member, and Associate Member.

* 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.

RETURN WITH YOUR CHEQUE TO: The Treasurer, KDMA, PO Box 1279 MEADOWBANK 2114

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

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

OPTIONAL DONATION TO MEDICAL BENEVOLENT ASSOC in addition to KDMA Subscription-MBA TAX DEDUCTIBLE RECEIPT WILL BE SUPPLIED

\$10 [] \$20 [] \$50 [] other \$..... []

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

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

I WOULD PREFER THE NEWSLETTER EMAILED TO ME Yes [] No []

Signature: _____ Date: _____ Amount paid \$ _____