



KURING-GAI DISTRICT  
MEDICAL ASSOCIATION

### KURING-GAI DISTRICT MEDICAL ASSOCIATION INC.

PO Box 1279, MEADOWBANK, NSW, 2114  
TELEPHONE : (02) 9807 4429; FAX (02)9807 4129; [kdma@netspace.net.au](mailto:kdma@netspace.net.au)  
ABN 455 152 840 65

### MEMBERSHIP APPLICATION

#### TAX INVOICE

Please Print clearly:

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SURGERY: \_\_\_\_\_

POST CODE: \_\_\_\_\_

PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_ FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_

HOME: \_\_\_\_\_

POST CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAIL TO: HOME [ ] ... or ...WORK [ ]; SPOUSE'S NAME: \_\_\_\_\_

MAJOR SPECIALTY: \_\_\_\_\_ SECONDARY SPECIALTY: \_\_\_\_\_

GP? YES [ ] NO [ ] - IF YES, STATE ANY SPECIFIC MEDICAL INTEREST PRACTISED: \_\_\_\_\_

MEMBER OF AMA? YES [ ] NO [ ]

#### SCALE OF FEES 2012

(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 MEMBER-SHIP CATEGORY
Full-Time (including Associate)	\$177.73	+ \$17.27	\$195.00	
Part-Time (including Associate) <b>**</b> (see below)	\$127.27	+ \$12.73	\$140.00	
Retired Member <b>**</b> (see below)	\$127.27	+ \$12.73	\$140.00	
Country/Interstate	\$63.64	+ \$6.36	\$ 70.00	
RMO/Registrar <b>**</b> (1 <sup>st</sup> year Free then \$50 p.a. x 3yrs)	\$50.00	+\$5.00	\$55.00	
Student Member			No charge	

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

**For Electronic Transfer - Commonwealth Bank, BSB 062 223 Account No 0091 7560 with your name. PLEASE email the KDMA Office if you choose this option of payment.**

Please tick appropriate Membership request:

- I hereby apply for **Full Time Membership/\*Associate Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.
- I hereby apply for **\*\*Part-Time Membership/Associate 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 \$40,000 or less, per annum.
- I hereby apply for **Country 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(NB: \*Associate Membership is open to non-Members of AMA)