Australian Senior Active Doctors Association

APPLICATION FOR MEMBERSHIP/RENEWAL



(Note: This form cannot be filled in online. If returning, please print and complete. Mail to the address below or scan/photograph with your mobile and email to ASADA_secretary@outlook.com.)

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| □ Renewal (For cheques, please complete Name, Address/Email and Payment Details and return form. For Direct Debit include name in online payment reference. Please ensure a current Email/Address for return of receipt) □ Application for Membership (Please complete the following section and return by mail or email) I, being the applicant named on this application for membership, desire to become a Member of the Australian Senior Active Doctors Association and hereby agree, if admitted to membership, to be bound by the Objects and Rules of the Association. I hereby agree for my name to be placed in the Register of Members. | | | |
| | | Name | |
| | | Address | |
| Suburb / Town | State Postcode | | |
| Telephone/Mobile | Email | | |
| Specialty/Area of Practice | | | |
| Professional Qualifications | | | |
| Special interests/ Professional medical organisations | | | |
| | | Full Membership: | MENT DETAILS: Associate Membership: |
| □ Working Senior Doctor (doing paid work) \$100 | - | | |
| ☐ Retired Senior Doctor (not doing paid work) \$ 50 | | | |
| Donation: \$ | | | |
| □ Cheque payable to Australian Senior Active Doctors Association OR □ Bank transfer Please include surname and initial in online payment reference Account Name: Australian Senior Active Doctors Association BSB: 064-122 Account: 10458731 | | | |
| | | I acknowledge that I accept the Terms and Conditions of membership which are outlined in the Rules of the Association. | |
| | | Signature | Date |
| | | Cond completed Application for Month or | shin to (if maying by sharps a places and as sharps). |
| | | | ship to (if paying by cheque, please enclose cheque): |
| Australian Senior Active Doctors Association Address: PO Box 41 Redcliffe QLD 4020 | | | |
| | retary@outlook.com | | |
| r- | r office use only | | |
| For office use only The above application is approved for entry to the Members Register | | | |
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| President | Secretary | | |
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