

Australian Senior Active Doctors Association

APPLICATION FOR ASSOCIATE MEMBERSHIP

ASADA

I, being the applicant named on this application for associate membership, desire to become an Associate Member of the Australian Senior Active Doctors Association and hereby agree, if admitted to associate 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.

I agree that this associate membership application is subject to ratification of the Executive Committee of the Association prior to being entered into the register of members.

Name _____

Address _____

Suburb / Town _____ State _____ Postcode _____

Telephone (w) _____ (h) _____

Mobile _____ Email _____

Professional Qualifications _____

Special interests _____

Professional organisations I belong to:

Payment details:

Cheque payable to Australian Senior Active Doctors Association for **\$25.00** annual associate membership fee
or

Bank transfer to the account of Australian Senior Active Doctors Association for **\$25.00** annual associate membership fee

Account Name: Australian Senior Active Doctors Association

BSB: 064-122

Account: 10458731

Please include surname and initial in details

I acknowledge that I accept the Terms and Conditions of associate membership which are outlined in the Rules of the Association.

For office use only

The above application is approved for entry to the Members Register

.....

President

Secretary

Signature..... Date

Send completed Application for Membership to (if paying by cheque, please enclose cheque):

Australian Senior Active Doctors Association

Address: PO Box 41 Redcliffe QLD 4020

Email: ASADA_secretary@outlook.com