



PLEASE PRINT -

NOTE: Period of Membership 1/7/17 - 30/6/18

Full Name (Title/Rank) _____

Preferred Postal Name: _____

Address Work
Home

Preferred Postal Address: _____

Contact Numbers:

Tel: (daytime) _____ (a/hrs)

Mobile: _____

Fax: _____

Email: _____

Membership Information Only:

Primary Qualifications: _____

University & Year: _____

Student No: (if applicable) _____

Expected year of completion: _____

Currently serving in the Defence Force?

Yes Permanent Reserve
No Navy Army Air Force

Workplace/Company/Dept
Position Held _____

Payment can be made by using a credit card or sending a cheque made payable to: AMMA

All prices quoted in \$AUD (Australian Dollars)

Membership Level	Annual Subscription	Joining Fee
<input type="checkbox"/> Full Membership	\$164.00 (inc. GST)	\$40.00 (GST inclusive)
<input type="checkbox"/> Student Membership	\$ 122.00 (inc. GST)	\$20.00 (GST inclusive)
<input type="checkbox"/> Overseas Full Membership	\$164.00 + \$40.00 Annual Postage	\$40.00 (GST Exempt)
<input type="checkbox"/> Overseas Student Membership	\$122.00 + \$20.00 Annual postage	\$20.00 (GST Exempt)
<input type="checkbox"/> Retired Membership	\$77.00 (inc. GST)*	

*For those who have been a member for seven years and have now retired and are not receiving income from personal services relating to practice in any of the health professions.

I have enclosed a cheque/money order to the value of \$ _____ or please charge \$ _____ to

MasterCard Visa _____ Expiry Date ___ / ___

Name on

Card: _____ Signature _____