**Australian Chinese Medical Association of Victoria**
862A Canterbury Road, Box Hill South 3128
*Tel*: 9899 6380 *Fax*: 9899 6389 *Email*: office@acmav.org *Website*: www.acmav.org

**MEMBERSHIP APPLICATION/RENEWAL**
**2011**

**Surname**:
**Given Name**:

**Title**: _____
**Gender**: M / F

*Complete the following details if changed or a New Member:*

**E-mail address**:
**Home Address**:
**Office Address**:

**Phone**: home _____ office _____ fax _____ mobile _____

Qualifications: _____ University: _____ Year: _____

Practice: ☐ GP CME no. _____ Special Interests: _____ ☐ Retired

☐ Specialist: _____ (specialty) ☐ Hospital: _____ (position, name of hospital)

Partner's Name: _____ Chinese Dialects Spoken: _____

**Signature**: _____ **Date**: ___ / ___ / _____

| | |
|---|---|
| **Entrance Fee (new members only)** | **$55** |
| **Annual Subscription Fee** | |
| Ordinary member | **$176*** |
| Medical Student | **$55** |
| 1st or 2nd year HMO | **$99** |
| Affiliate member** (non-medical partner) | **$110** |

**FEES INCLUSIVE OF 10% GST**

* pro rata fees of $132, $88 & $44 apply if **new members** are joining in the 2nd, 3rd or 4th yearly quarters respectively

** affiliate members pay an attendance fee at each event

**FOR NEW MEMBERS ONLY**

Proposer 1 Name: _____

Signature: _____

Proposer 2 Name: _____

Signature: _____

☐ ***New Member*** ☐ ***Renewal of Membership***

Please find enclosed my cheque ***OR*** credit card details payable to **Australian Chinese Medical Association Victoria Inc.**, for the following:

**Entrance fee** $ _____

**Annual Subscription** $ _____

**TOTAL** **$** _____

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date ___ /___ Mastercard / Visa (please circle)

Name on Card: _____

**Signature**: _____

- *Listing in the ACMAV & ACCMA Medical Directory is free for members.* ○ *I do not wish to list in the Directory.*
- *ACMAV is committed to maintaining the confidentiality and security of personal information, in accordance with the Privacy Act 1988. Your details are sometimes released to outside bodies to enable them to provide services and products which may be to your benefit. Should you choose not to have your details released in this manner you may not be able to receive your full member benefits.*

○ *I do not want ACMAV to use my information in this manner.*

**OFFICE USE ONLY**

Date Received: ____/____/ 20_____ Receipt No.: _____ Receipt Issue Date: ____/____/ 20_____

☐ Database update: ____/____/ 20_____ ☐ Email update: ____/____/ 20_____