

# Australian Senior Active Doctors Association

(All doctors and supporters are welcome to join)  
APPLICATION FOR MEMBERSHIP/RENEWAL



**(Note: This form may not be able to 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.)**

- 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 \_\_\_\_\_

**PAYMENT DETAILS:**

<b>Full Membership:</b> We welcome doctors of all ages to join	<b>Associate Membership:</b>
<input type="checkbox"/> Working Doctor (doing paid work)      \$100	<input type="checkbox"/> Non-doctor supporter      \$ 25
<input type="checkbox"/> Retired Doctor (not doing paid work)      \$ 50	
<b>Donation:</b> \$.....	

- 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 .....

**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

**For office use only**

The above application is approved for entry to the Members Register

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President Secretary