

# Australian Senior Active Doctors Association Inc.

(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 [secretary@asada.asn.au](mailto:secretary@asada.asn.au)**

**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 and email address 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 Inc.**

**Address: PO Box 256 Scarborough QLD 4020**

**Email: [secretary@asada.asn.au](mailto:secretary@asada.asn.au)**

### For office use only

The above application is approved for entry to the Members Register

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President

Secretary