

Notice of Renewal 2012



Tax Invoice ABN 11 009 484 931

How to renew

Online
www.amatas.com.au

Telephone 03 6223 2047

Mail PO Box 22
South Hobart TAS 7004

Facsimile 03 6223 6469

Please tick the box if you are a salaried doctor and wish to be part of ASMOF/TSMPS for union representation.

Renew your membership to keep receiving all your member-only benefits including:

- Free Medico-Legal, Workplace Relations & HR Advice
- Member discounts to all AMA (TAS) events & seminars
- Free edition of AMA Fees Book - save \$379
- Discounts on many services and products

Visit www.amatas.com.au for a full list of member services.

PLEASE SEE REVERSE SIDE TO CONFIRM YOUR PERSONAL DETAILS

Membership No:

Your username is:

IF YOU'RE PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING DETAILS

I hereby authorise the Australian Medical Association (Tasmania) Limited until otherwise instructed by me in writing to debit my AMEX, MasterCard, Visa or Diners Card for Membership Subscription to the Australian Medical Association.

Monthly or **Annual** Debit my AMEX MasterCard Visa Diners

Optional Annual Donations

AMA (TAS) Foundation Amount \$ _____

Card Number _____ / _____ / _____ / _____

Expiry Date Month _____ Year _____

Total Amount \$ _____ Signature **X** _____ Date ____ / ____ / ____

IF PAYING ONLINE - please visit www.amatas.com.au
(For monthly payments please call our membership team on 03 6223 2047).

IF PAYING BY CHEQUE - please make cheques payable to AMA (TAS) Ltd.

IF PAYING BY DIRECT DEBIT - please complete the enclosed form.

PLEASE NOTE THAT A LETTER OF RESIGNATION TO THE HON. MEDICAL SECRETARY OR HON. TREASURER IS REQUIRED TO EFFECT FORMAL RESIGNATION FROM THE ASSOCIATION.

Your AMA (Tasmania) Membership details

Please confirm your details below and make any necessary changes.

Specialty Group

If incorrect please indicate the specialty group to which you currently belong to confirm your eligibility to vote for a particular class at AMA (Tasmania).

Salaried Doctors, please indicate only one voting group; either "Salaried Doctor" or your specialty.

If you also fit into the category of "VMO" or "Rural Doctor" (a member engaged in private medical practice in the Country and not in a Town or City which has a Base Hospital), please tick the "Visiting Medical Officer" or "Rural Doctors" box as well as your specialty group.

- | | | |
|--|---|---|
| <input type="checkbox"/> Doctors-in-Training | <input type="checkbox"/> Full-time Salaried Doctors (including academic and research) | |
| <input type="checkbox"/> Anaesthetists | <input type="checkbox"/> Pathologists | <input type="checkbox"/> Orthopaedic Surgeons |
| <input type="checkbox"/> Dermatologists | <input type="checkbox"/> Psychiatrists | <input type="checkbox"/> Radiologists |
| <input type="checkbox"/> Emergency Physicians | <input type="checkbox"/> Physicians | <input type="checkbox"/> Rural Doctors |
| <input type="checkbox"/> General Practitioners | <input type="checkbox"/> Obstetrician/Gynaecologists | <input type="checkbox"/> Surgeons |
| <input type="checkbox"/> Paediatricians | <input type="checkbox"/> Ophthalmologists | <input type="checkbox"/> Visiting Medical Officer |

Privacy Policy

Please refer to the updated AMA Privacy Policy at www.ama.com.au

Current details

Your Email Address
Your Private Practice Status
Your Public Hospital Status
Your (Public/ Private) Hospital Appointment

Update your details here

Provide us with your email address to take advantage of AMA email and online services. Email _____
Are you in Private Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Associate/Partner <input type="checkbox"/> Contractor <input type="checkbox"/> Employed Doctor Other _____ (please specify)
Nominate (if applicable) if you are: <input type="checkbox"/> Sessional VMO <input type="checkbox"/> Fee For Service <input type="checkbox"/> DIT <input type="checkbox"/> Staff Specialist <input type="checkbox"/> Career Medical Officer <input type="checkbox"/> Clinical Academic <input type="checkbox"/> Not Applicable Other _____ (please specify)
List Hospital(s) _____ _____ _____ _____