



2010 Subscription

Tasmanian Branch of the Australian Medical Association Ltd
ABN 11 009 484 931
AMA Tasmania 147 Davey Street HOBART TAS 7000
Telephone: 03 6223 2047 Fax: 03 6223 6469 Email: ama@amatas.com.au
Website: www.amatas.com.au

FID Number

Name: **PAYMENT DUE: 1 JAN 2010**

Address:

AMA Tasmania has 4 options for you to renew your membership.

1. SALARY DEDUCTION – FORTNIGHTLY
 - Optional for State Government Salaried Doctors and VMOs only
 - Please complete enclosed Deduction Authority Form and send to your pay office

2. DIRECT DEBIT – MONTHLY
 - Please complete the enclosed Authority Form

3. FULL AMOUNT

Cheque (please attach and make payable to AMA Tasmania)
Credit Card (please complete details over)

4. CREDIT CARD – MONTHLY
 - Please complete details over

Please complete the following pages and mail, fax or email. Your membership will be confirmed with a tax receipt and a 2010 Membership card.



Confirmation of your details

Please fill in your details so our records are accurate – please note that AMA Tasmania is using **email** as its primary mechanism to communicate with you its member.

Practice Address: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Mobile Phone (optional): _____

Email (required): _____

Membership Category (please check these have changed): _____



AMA

2010 Membership Categories

Code	Category	Yearly Sub	Monthly Sub	Fortnightly Sub
FIY1	1st year after graduation	\$312	\$26	\$12
F2Y1	2nd year after graduation	\$312	\$26	\$12
F3Y1	3rd year after graduation	\$312	\$26	\$12
F4Y1	4th year after graduation	\$858	\$71.50	\$33
F5Y1	5th and subsequent years as RMO	\$858	\$71.50	\$33
FPS1	Private Practice - Specialists	\$1200	\$100	\$46.20
FSR1	Salaried Medical Officers with PP Rights or Specialist Quals	\$1200	\$100	\$46.20
FSS1/FA DF	Salaried Medical Officers - other	\$1200	\$100	\$46.20
FPP1	Private Practice - General Practice	\$1150	\$95.85	\$47.92
FJJ1	Joint husband/wife - each member	\$900	\$75	\$34.65
FPT2/FP T3	Part time - up to 5 half days per week	\$860	\$71.70	\$33.10
FPH1/FP T1	Part time - not more than 2 half days or 1 full day per week	\$350	\$29.20	\$13.50
FVV1	Aged over 70 in practice	\$580	\$48.35	\$22.35
FAA1/FP G1	Academic/Postgraduate (non practising)	\$950	\$79.20	\$36.55
FBB1	Overseas including unattached	\$715	\$59.60	\$28.80
FXX1	Overseas including unattached (no journals)	Nil		
FRR1	Permanently retired	\$300	\$25	\$12.50
FLL1	50 years members and gold medal recipients	Nil		
FFF1	Special Reduced Subscription "On personal application to the CEO"			
ML	Parental Leave "On personal application to the CEO"			

Annual subscriptions fees includes an amount payable to the Australian Medical Association Ltd (Federal). All AMA Tasmanian members are also members of AMA Ltd.

Joint membership for spouses FJJ1– please nominate one person to receive mail, journals etc:

PAYMENT DETAILS

- SALARY DEDUCTION – I have forwarded the Deduction Authority Form (page 4) to my pay office.
- DIRECT DEBIT - completed Authority Form (Page 3) attached
- CHEQUE - attached payable to AMA Tasmania
- CREDIT CARD

Credit Card Type: Visa MasterCard American Express

Credit Card Number:

Expiry Date: _____

Amount: \$ _____ Monthly/One off payment (delete as required)

Cardholders Name: _____

Signature: _____

Donation to AMA TAS Foundation (Optional)

Please debit my Credit Card for the amount of \$.....

SPECIALISATION – Please nominate ONE of the following craft groups:

- Anaesthetists Dermatologists Emergency Physicians Salaried Doctors
- Surgeons Ophthalmologists Orthopaedic Surgeons Pathologists
- Paediatricians Radiologists General Practitioners
- Physicians Psychiatrists Obstetricians/Gynaecologists

The Privacy Act 1988 and its National Privacy Principles (NPP) apply to AMA Tasmania. AMA Tasmania collects personal information for the purposes of processing applications for membership, maintaining membership records and contacting members. We collect and store information about you from a variety of sources including: Membership application forms; Transactions; Direct contact and From a third party. If you provide incomplete or inaccurate information, we may not be able to contact you and/or update your records. The Privacy Act allows you to have access to and correct records of personal information held by AMA Tasmania. AMA Tasmania discloses personal and sensitive information from the database to Australian Medical Association Ltd, and other related entities including AMPCo.

TSMPS/ASMOF MEMBERSHIP – Salaried Doctors including Doctors in Training

As an additional benefit for salaried members employed by the state government, AMA Tasmania has a conjoint agreement with the Tasmanian Salaried Medical Practitioners Society (TSMPS) a Tasmanian registered union and the Australian Salaried Medical Officers Federation a Federally registered union. AMA Salaried doctor members are eligible to join each union for no additional fee.

I herewith make application for membership of TSMPS and ASMOF

Signature: Date:

A member may resign from either TSMPS or ASMOF by written notice to the Secretary, 147 Davey Street Hobart Tas 7000

Office Use Only:
 Category:..... Membership Total:\$..... Payment Amount:\$..... Monthly/ Quarterly
 Federal Fee:\$..... Federal GST:\$..... Tas Fee:\$..... Tas GST:\$.....



**REQUEST FOR DIRECT DEBIT PAYMENT
FROM FINANCIAL INSTITUTION**

Tasmania

Name or Company Name: _____

Address: _____

ACN/ABN: _____

I request and authorise AMA Tasmania Limited to arrange for monies due in terms of the payment of membership subscriptions to be debited through a Bulk Electronic Clearing System from the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. I understand and acknowledge that in the event of changes to my membership subscription, I authorise AMA Tasmania Limited to alter the amount of deductions.

Account details are:

Financial institution name _____

Branch Address _____

BSB [] [] [] [] [] []

Account No _____

Account Name _____

(Please check with your Financial Institution to ensure these details are correct and that Direct Debiting from the account is allowed)

Payment [] Monthly

Frequency [] Yearly

The first Debit may be made on ____/____/____

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and AMA Tasmania Ltd set out on this request and in your Direct Debit Request Service Agreement.

Signature(s) _____ **Date** ____/____/____
(if signing for a company, sign and print name and capacity for signing eg. Director)

When completed this form should be returned AMA Tasmania Limited.



Human Resources

Deduction Authority Form

Employee Name: _____

Employee Number: _____

I authorize you to: (please tick)

Commence:

Cease:

Decrease

Increase

The following deduction/s from my pay:

Name of Organisation	Current Deduction Amount	New Deduction Amount	New Deduction to Commence First Pay Period on or After
AMA Tasmania			As soon as possible

Signature of Employee: _____

Date:/...../2010

<p>Pay / Personnel Contact Details:</p> <p>South: GPO Box 125, HOBART, TAS, 7001 Ph: (03) 6233 4599 Fax: (03) 6233 2888</p> <p>North: PO Box 1963, LAUNCESTON, TAS, 7250 Ph: (03) 6336 5533 Fax: (03) 6336 5515</p> <p>North West: Parkside, 1 Strahan Street, BURNIE, TAS, 7320 Ph: (03) 6440 7044 Fax: (03) 6434 4173</p>	<p>P/P Office Use Only</p> <p>Processed Date...../...../.....</p> <p>Checked Date...../...../.....</p>
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