



RURAL DOCTORS ASSOCIATION OF QUEENSLAND

ABN 67 726 348 256

Please forward completed form to RDAQ:

GPO Box 2523  
BRISBANE QLD 4001

Fax: (07) 3221 3748; Email: rdaq@rdaq.com.au

# Membership Application

I wish to apply for membership to the Rural Doctors Association of Queensland

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel/Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Private Rural     
  Full-time Q'ld Health     
  MS/ORPP     
  Intern/Doctor-in-Training  
 VMO/Proceduralist     
  Academic     
  Other \_\_\_\_\_

Contact details for RDAQ members are forwarded to the Rural Doctors Association of Australia so that members can receive regular RDAA updates. If you do NOT want your details provided to RDAA, please tick this box

## Membership Categories and Fees: *Please tick the appropriate box.*

Category	Total Fee	Includes GST of
Full member	<b>\$550.00</b>	\$50.00
Part time GP trainees/Registrars PHOs	<b>\$330.00</b>	\$30.00
Overseas Trained Doctors in first year of membership	FREE	

Category	Total Fee	Includes GST of
Husband and wife jointly	<b>\$800.00</b>	\$72.73
Doctors retired from rural practice Intern/JHO/SHO	<b>\$55.00</b>	\$5.00
Student membership	FREE	

*DISCLAIMER: The Rural Doctors Association of Queensland (RDAQ) relies upon the selection of the appropriate conference registration category by its members. RDAQ, to the maximum extent permitted by law, expressly disclaims, and takes no responsibility for any part of overpayment of fees. To avoid any doubt, overpayment will not be refunded to you where overpayment is a result of your incorrect selection and payment of registration category. By selecting the appropriate membership and registration category you acknowledge that you accept full liability for payment of the fee as selected. RDAQ reserves its rights to charge further fees to cover the gap where it is determined that the incorrect registration category was selected by you.*

## Payment: Please forward to RDAQ. On payment, this form becomes a Tax Invoice

Cheque (attached)       Direct Deposit – Account Name: RDAQ; BSB: 124035 (Bank of Q'ld); Account No: 10623928

Amount of Payment: \_\_\_\_\_

CREDIT CARD       Visa Card       Mastercard       Bankcard

Card Number:

Card Holders Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_