

ABN 67 726 348 256

**Membership Application:** I wish to apply for membership to the Rural Doctors Association of Queensland

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

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

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_ Tel/Mob: \_\_\_\_\_

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

Doctor Category	Sub-Category	(x)
Private General Practitioner		
Salaried Medical Officer		
Visiting Medical Officer	General Practitioner	
	Specialist	
Other:	Locum	
	Medical Educator	
	Aviation Medicine	
	Emergency Medicine	
Other - (Please specify)		

Doctor Category	Sub-Category	(x)
Proceduralist:	Obstetrics	
	Surgery	
	Anaesthetics	
Other - (Please specify)		
Rights to Private Practice:	Medical Officer	
	Medical Superintendent	
Doctor in Training		
Academic		

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

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

Category	Tick	Total Fee incl GST
<b>Full Membership - Individual</b>		\$800
<b>Concession A</b>	Working part time	\$440
	GP Trainee	
	Registrar	
	PHO	
Overseas Trained Doctors in first year of membership Country of Graduation: _____		Waived

Category	Tick	Total Fee incl GST
<b>Joint Membership</b> payment per member Joint spouse membership with: Name: _____		\$600
<b>Concession B</b>	Retired from rural practice (still registered)	\$150
	Intern	
	JHO	
	SHO	

**DISCLAIMER:** The Rural Doctors Association of Queensland (RDAQ) relies on the selection of the appropriate 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 member category. By confirming the category you acknowledge that you accept full liability for payment of the fee as selected. RDAQ reserves the right 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. Retain a copy for your records

Cheque (attached)  Direct Deposit – Account Name: RDAQ: BSB: 124035 (Bank of Qld) Account No: 10623928

**CREDIT CARD**  Visa Card  Mastercard  Bankcard Amount of Payment: \$ .....

Card Number:

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

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

Supporting Rural Doctors and Rural Communities