RDAQ
Rural Doctors Association of Queensland

ASSOCIATE MEMBERSHIP APPLICATION FORM 2015

Suitable for doctors retired from medicine, allied health professionals and all supporters of rural health in Queensland

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

Contact and Organisational Details

Position Title:							
Title:		*First Name:*		*Middle Name:*		*Last Name:*	
Preferred Name:		*Email*					
Gender		*Phone*		*Mobile*			
Organisation:		*Fax*					
Postal Address:							
Town:		*State:*		*Postcode:*	\		

Occupation Type (Please **CIRCLE** one) -

Doctor retired from medicine	Training Provider	Professional College	Member Association	Commercial and Corporate
University	Resource Industry	Local Government	State Government	Federal Government
Rural resident	Health and Community Services		Other (Please specify):	
Membership Fee:	Associate Membership is $80 (incl) per annum (Membership year Jan – Dec)			

Associate membership qualifies you for RDAQ member benefits program. However, the RDAQ Rules of Association does NOT provide voting rights to Associate Members. For more information on membership benefits and limitations please see the RDAQ website www.rdaq.com.au

***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.*

Signature: ______________________ *Date:* ______________

Payment:

Please forward of $80 (inc) to RDAQ

☐ **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: ______________________

On payment this form becomes a Tax Invoice. Retain a copy for your records.

OFFICE USE ONLY				
Member No:		Received:	Payment Processed:	Membership Processed:

Supporting Rural Doctors and Rural Communities

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