



Rural Doctors Association of Queensland

Organisational Corporate Membership APPLICATION FORM 2015

Please complete and forward to RDAQ

Organisational Contact Details (Please add or amend where necessary)

Organisation:				Member No:	
Summary of organizational objectives:					
Postal Address:					
Town:		State:		Postcode:	\

Representative contact details

Position Title:					
Title:	First Name:	Middle Name:	Last Name:		
Preferred Name:	Gender:	Email:			
Ph:	Mobile:	Fax:			

Organisation Type (Please CIRCLE one) -

University	Training Provider	Professional College	Member Association	Resource Industry
Health and Community Services	Commercial and Corporate	Local Government	State Government	Federal Government
Other (Please specify):				

Confirmation and payment:

Confirmation of membership is at the discretion of the RDAQ Management Committee. RDAQ will raise and forward an invoice on confirmation of the application of organizational associate membership. Membership is then confirmed on receipt of payment. The total annual fee for organizational membership is \$450.00 (incl). Organisational membership does not attract voting rights.

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: _____

OFFICE USE ONLY

Member No:	Received:	Payment Processed:	Membership Processed:
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Supporting Rural Doctors and Rural Communities