

ASMOFQ MEMBERSHIP APPLICATION FORM



1. Membership Category: (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> SMO / VMO full-time |
| <input type="checkbox"/> Intern | <input type="checkbox"/> SMO / VMO 21-30 hrs/week |
| <input type="checkbox"/> Junior House Officer (JHO) | <input type="checkbox"/> SMO / VMO 11-20 hrs/week |
| <input type="checkbox"/> Senior House Officer (SHO) | <input type="checkbox"/> SMO / VMO 0-10 hrs/week |
| <input type="checkbox"/> Principal House Officer (PHO) | <input type="checkbox"/> Over 70 years (practising) |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Parental Leave |
| <input type="checkbox"/> Senior Registrar | <input type="checkbox"/> Other |

SMO = Senior Medical Officer
VMO = Visiting Medical Officer

2. Specialty or Craft Group:

3. Contact Details:

Full name:

Gender:

Date of Birth:

Home phone:

Mobile:

Email:

Postal/home address:

Suburb:

State:

Postcode:

PRINCIPAL PRACTICE ADDRESS:

Practice name:

Principal practice address:

Suburb:

State:

Postcode:

SECONDARY PRACTICE ADDRESS:

Practice name:

Practice address:

Suburb:

State:

Postcode:

4. University Education & Qualifications:

Graduation year:

Institution:

Qualification/s: (including College fellowships)

5. Pre-existing Issue:

- No Yes

Please be aware that if you have a pre-existing or ongoing issue, then ASMOFQ reserves the right to determine the level of support that is provided to you.

6. Employment Status:

- Salaried Private Full-time Part-time

Position:

Employer:

Right of private practice: Yes No

Private Hospital VMO Yes No

Public Hospital VMO Yes No

International Medical Graduate Yes No

7. Payment Details:

I wish to pay: Yearly Monthly

Yearly payment is the preferred option, and gives you a full 12 month membership from the date of your application, not just to the end of the current year.

Once we receive and process your application, we will issue you a digital invoice via email, which you can review and then pay easily and securely online (via Square).

You will be issued a receipt immediately after payment which you can use as a tax deduction.

Your membership with ASMOFQ also includes membership with our counterpart federal Union ASMOF at no extra cost.

I agree to abide by the rules and policies of ASMOFQ and ASMOF, and I understand that I can resign at any time by providing written notice to the Secretary of ASMOFQ and ASMOF Qld Branch.

Signature:

Date:

Please email completed form to asmofqld@asmof.org.au