



## South Australian Indian Medical Association

### Membership form July 2017- June 2018

MEMBERSHIP CATEGORY (please circle)	MEDICAL (Doctor / Dentist)	NURSING	ALLIED HEALTH	STUDENT Flin / Adel Or IMG
MEMBERSHIP FEE (please circle)	1 year \$100 10 years \$500	1 year \$50 10 years \$250	1 year \$50 10 years \$250	\$0 grad year.....

Is your membership New or Renewal (please circle)

NAME: .....

AHPRA Registration Number.....

Discipline (GP / Specialist / Intern / RMO etc).....

WORK NAME & ADDRESS: .....

.....

HOME ADDRESS: .....

.....

EMAIL CONTACT: .....

PH: ..... MOBILE: .....

**Mode of Payment (please circle):**

1. **Issue a cheque** in name of SAIMA and post to address below
2. **Electronic fund transfer** to BSB 105-139; Account number 36432740.  
Send remittance advice to [tracey@amasa.org.au](mailto:tracey@amasa.org.au)
3. **Call Tracey on 08 8361 0105 to make payment over the phone by credit card.**

**In all cases provide this form:**

Email: [tracey@amasa.org.au](mailto:tracey@amasa.org.au)

Fax: 08 8267 5349

Post to: Tracey DiBartolo, AMA(SA), PO Box 134, North Adelaide, SA 5006

Enquiries: 08 8361 0105

Date Received	Date Paid	Membership end date



**SAIMA Membership / Event Fee:**  
**Payments by Credit Card**

Full Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Contact Phone: \_\_\_\_\_ W  H

Mobile Phone: \_\_\_\_\_

**Credit Card Details**

Card Type: Amex  Visa  MasterCard

Card Number:

\_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder's Name:

\_\_\_\_\_

Cardholder's Signature:

\_\_\_\_\_

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

Tax Receipt Issue date	Update database	Update finance tracking