



South Australian Indian Medical Association

Membership form July 2015- June 2016

MEMBERSHIP CATEGORY (please circle)	MEDICAL (Doctor / Dentist)	NURSING	ALLIED HEALTH	STUDENT Flinders / Adel	EXTENDED (10 years)
MEMBERSHIP FEE (please circle)	\$100	\$50	\$50	Nil grad year.....	\$500

NAME:

AFFILIATIONS:

AHPRA Registration Number.....

WORK ADDRESS:

.....

POSTAL ADDRESS:

.....

EMAIL CONTACT:

PH: MOBILE:

Mode of Payment (please circle):

- Issue a cheque in name of SAIMA and post to:
Tracey DiBartolo, SAIMA Secretariat, AMA(SA), PO Box 134, North Adelaide, SA 5006
- Electronic fund transfer to BSB 105-139; Account number 36432740
- Go online www.saima.org.au to pay by Credit Card (Via PayPal)

Send the completed form by

Email: 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

OFFICE USE ONLY	MEMBERSHIP APPROVED	MEMBERSHIP FEE PAID



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 Diners

Card Number:

Expiry Date: _____ Amount: _____

Cardholder's Name:

Cardholder's Signature:

Date: _____

Amount Received	EVENT FEE & DATE	MEMBERSHIP FEE