

Member Renewal/Application Form 2009

First Name:Surname: Tel: (for payment problems).....

Middle Name	Preferred Name	DOB	Spouse/partner
Basic qualifications	Place of graduation		
Other qualifications			Year Registered
Surgery Name	Telephone	Fax	
Surgery Address	Town	Postcode	
Postal Address	Town	Postcode	
Email	Mobile	Home Telephone	
Hospital Name 1	Hospital Name 2	Date Started this practice	Date Started rural practice

Please provide details of your procedural practice below (please tick)

Anaesthetics (sedation only)	<input type="checkbox"/>	Anaesthetics (GA and major blocks)	<input type="checkbox"/>	Surgery (requiring GA)	<input type="checkbox"/>
Obstetrics - normal deliveries	<input type="checkbox"/>	Obstetrics Ventouse or forceps	<input type="checkbox"/>	Obstetrics – LUCS	<input type="checkbox"/>
A& E on call	<input type="checkbox"/>	On call rate (eg 1:3)	:		

I would like to **Renew** membership of the Rural Doctors Association (NSW) inc.
OR Apply for

\$495 full annual membership including GST

\$275 discount which including GST for: Medical spouses (Partner name.....)
 Registrars (Spouse – 1st doctor pays full fee, 2nd the discount rate)
 Retired Doctors

\$20 Student membership

Annual Fee Schedules will only be sent to financial members. Membership of RDA NSW is from 1st October. Subscription includes membership of Rural Doctors Association Australia (RDAA). I agree to abide by the Memorandum and Articles of Association of the Rural Doctors Association NSW, its by-laws, and to pay annual subscriptions so long as I remain a member.

Signed: Date:.....

I have paid by direct bank deposit on (Date)
(Lodgement Reference: Member09"J.Smith" so that we can track who has paid)

Pay To: Commonwealth Bank - Tamworth BSB: 062-602 Account Number: 10416371 Name: Rural Doctors Association of NSW

Please charge this subscription to my **credit card**: Bankcard Mastercard Visa

Amount paid: \$..... Card Number: _____

Expiry Date: / Name on Card: Signature.....

I enclose a **cheque** for \$..... in payment for my RDA(NSW) subscription Please make cheque payable to *RDA NSW Membership*