**ADMA MEMBERSHIP FORM / TAX INVOICE**

1 July 2019 - 30 June 2020
ADMA is under the auspices of Alfred Health
ABN 27 318 956 319

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### Member details

<table>
<thead>
<tr>
<th>Title: (please circle one)</th>
<th>Ms</th>
<th>Mr</th>
<th>Mrs</th>
<th>Dr</th>
<th>A/Prof</th>
<th>Prof</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Organisation:             |                                           |
|                          |                                           |

| Address of Organisation: |                                           |
|                         |                                           |

| Position in Organisation: |                                           |
|                          |                                           |

| Telephone number:        | Mob: | Bus: |
|                         |      |      |

| Email for member emails: |                                           |
|                         |                                           |

### Membership type

Membership year commences 1 July

<table>
<thead>
<tr>
<th>Membership type</th>
<th>Annual fee (Inc. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Victorian public sector health care worker</td>
<td>$0</td>
</tr>
<tr>
<td>☐ Student (please attach student identification)</td>
<td>$110</td>
</tr>
<tr>
<td>☐ Individual</td>
<td>$250</td>
</tr>
<tr>
<td>☐ Corporate A: 3 subscriptions (please list additional members on page 2)</td>
<td>$650</td>
</tr>
<tr>
<td>☐ Corporate B: 6 subscriptions (please list additional members on page 2)</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

### Method of payment

<table>
<thead>
<tr>
<th>Method of payment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cheque</td>
<td>(payable to Australian Disease Management Association. A tax receipt will be issued on receipt of payment)</td>
</tr>
<tr>
<td>☐ Credit card</td>
<td><a href="https://www.trybooking.com/BDFIH">https://www.trybooking.com/BDFIH</a> (Please note, only Mastercard and Visa are accepted)</td>
</tr>
</tbody>
</table>

### Please send form (and payment) to one of the following:

<table>
<thead>
<tr>
<th>Mail</th>
<th>Email</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Disease Management Association Department of General Medicine, 1st Floor, Old Baker Building, Alfred Health, 55 Commercial Road, Melbourne VIC 3004</td>
<td><a href="mailto:info@adma.org.au">info@adma.org.au</a></td>
<td>613 9076 0902</td>
</tr>
</tbody>
</table>

If you fax your membership form, please call to confirm we have received your fax.

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(Office use only) Date Received at ADMA ..........................
### Additional members under Corporate A (3) and Corporate B (6) memberships

**Organisation:**

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#### Member 2 details

**Title:** (please circle one)  
Ms  Mr  Mrs  Dr  A/Prof  Prof  Other ………………….

**Full Name:**

---

**Position in Organisation:**

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**Telephone number:**  
Mob:  Bus:

**Email:**

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#### Member 3 details

**Title:** (please circle one)  
Ms  Mr  Mrs  Dr  A/Prof  Prof  Other ………………….

**Full Name:**

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**Position in Organisation:**

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**Telephone number:**  
Mob:  Bus:

**Email:**

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#### Member 4 details

**Title:** (please circle one)  
Ms  Mr  Mrs  Dr  A/Prof  Prof  Other ………………….

**Full Name:**

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**Position in Organisation:**

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**Telephone number:**  
Mob:  Bus:

**Email:**

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#### Member 5 details

**Title:** (please circle one)  
Ms  Mr  Mrs  Dr  A/Prof  Prof  Other ………………….

**Full Name:**

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**Position in Organisation:**

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**Telephone number:**  
Mob:  Bus:

**Email:**

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#### Member 6 details

**Title:** (please circle one)  
Ms  Mr  Mrs  Dr  A/Prof  Prof  Other ………………….

**Full Name:**

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**Position in Organisation:**

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**Telephone number:**  
Mob:  Bus:

**Email:**

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