



ADMA MEMBERSHIP FORM / TAX INVOICE

1 July 2019 - 30 June 2020

ADMA is under the auspices of Alfred Health
ABN 27 318 956 319

Member details

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

Full Name: _____

Organisation: _____

Address of Organisation: _____

Position in Organisation: _____

Telephone number:

Mob: _____

Bus: _____

Email for member emails: _____

Membership type Membership year commences 1 July

Place 'X' next to the membership required

Annual fee
(Inc. GST)

<input type="checkbox"/> Victorian public sector health care worker	\$0
<input type="checkbox"/> Student (please attach student identification)	\$110
<input type="checkbox"/> Individual	\$250
<input type="checkbox"/> Corporate A: 3 subscriptions (please list additional members on page 2)	\$650
<input type="checkbox"/> Corporate B: 6 subscriptions (please list additional members on page 2)	\$1,200

Method of payment

- Cheque** (payable to *Australian Disease Management Association*. A tax receipt will be issued on receipt of payment)
- Credit card** <https://www.trybooking.com/BDFIH> (Please note, only Mastercard and Visa are accepted)

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

Mail

Australian Disease Management
Association
Department of General Medicine, 1st Floor,
Old Baker Building, Alfred Health, 55
Commercial Road, Melbourne VIC 3004

Email

info@adma.org.au

Fax

613 9076 0902

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

(Office use only) Date Received at ADMA

Additional members under Corporate A (3) and Corporate B (6) memberships

Organisation: _____

Member 2 details

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

Full Name: _____

Position in Organisation: _____

Telephone number: Mob: Bus: _____

Email: _____

Member 3 details

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

Full Name: _____

Position in Organisation: _____

Telephone number: Mob: Bus: _____

Email: _____

Member 4 details

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

Full Name: _____

Position in Organisation: _____

Telephone number: Mob: Bus: _____

Email: _____

Member 5 details

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

Full Name: _____

Position in Organisation: _____

Telephone number: Mob: Bus: _____

Email: _____

Member 6 details

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

Full Name: _____

Position in Organisation: _____

Telephone number: Mob: Bus: _____

Email: _____