



Application for Ordinary Membership

Australian College of Rural and Remote Medicine

2011-2012

Membership category

General Practitioner Specialist Practitioner Academic Specialty? _____

Membership level (for explanations, please see panel below)

Full time Group practice Resident or intern Medical retiree
 Part time Joint (couples) International Extended leave
 IMG on Specialist Pathway or Competent Authority Pathway

Identity

Title: _____ First name: _____ Other name/s: _____

Family name: _____ Preferred name: _____

Date of birth: DD/MM/YYYY Gender: Female Male I am Aboriginal Torres Strait Islander

Primary mailing address

Street address: _____ Town or Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Secondary mailing address

Workplace name: _____

Street address: _____ Town or Suburb: _____

State: _____ Postcode: _____ Country: _____ Fax: _____

Phone: _____ Mobile: _____ Email: _____

Medical registration

Medical registration number: _____

Verified by ACRRM officer:

Signature _____ Date _____

Membership categories and fees **

Full-time: \$975.00
You are a medical practitioner or academic working more than 20 hours per week
Part-time: \$440.00
You are a practitioner or academic who works less than 20 hours per week
Group practice: \$870.00
You work in a practice with at least two other practitioner members of ACRRM

Joint (couples): \$1,305.00
You and your partner are both current practitioners (= \$652.50 each)
Extended leave: \$110.00
You are taking extended leave (e.g. maternity, study), intending to return to practice eventually
Medical retiree: \$110.00
You have retired from practice but maintain a keen interest in rural medical issues

International: \$360.00
You are a practitioner living and working outside Australia
Resident or intern: \$120.00
You are currently employed as a junior, principal, or senior health officer
IMG on Specialist Pathway: \$235
You are participating in the assessment pathway to Fellowship of ACRRM

(Fees are full year to 30 June 2012. Pro rata rates for part year.)**

Non-medical members: Associate Membership can be applied for by organisations, medical students, and individual professionals (for instance, allied health, practice managers, administrators).

Qualifications

Primary Medical Qualifications

Date	Qualification	Institution	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Medical Qualifications

Date	Qualification	Institution	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Declaration

I declare that the information on this form is, to the best of my knowledge, complete and correct. I acknowledge that my membership to ACRRM is bound by the policies and procedures of the College. As a member I shall uphold the Objects of ACRRM and abide by the Regulations and the Code of Professional Ethics and Conduct which requires me to observe the highest standards of clinical, professional and ethical behaviour in all of my activities.

Signed: _____ Date: _____

Privacy:

I understand ACRRM collects and stores my personal information for the purposes of providing membership services, and education and training programs. Personal information will not be passed onto any other external bodies without my authorisation, unless a valid legal request is received.

Signed: _____ Date: _____

Payment methods:

- 1 **Mail:** Complete this form and mail it with your payment to:
 ACRRM
 GPO Box 2507
 Brisbane Qld 4001
- 2 **Fax:** Complete and fax this form with credit card details to ACRRM on (07) 3105 8299
- 3 **Phone:** Freecall **1800 223 226** and have your Visa or MasterCard details ready.
- 4 **Direct deposit:** Write your full name in the reference field.

How to pay:

- Direct deposit:**
 Account name: ACRRM
 BSB: 034 003
 Account number: 264 808
 Reference: (Enter your full name)
- Cheque or Money Order:**
 Please make payable to:
 Australian College of Rural and Remote Medicine

- Credit Card:**
 Please debit my **Visa** **MasterCard** Amount: AUD \$.
- Number: Expiry date: /

Card holder's name: _____ Signature: _____