



AUSTRALIAN  
MILITARY MEDICINE  
ASSOCIATION INC

## Application for Membership/Subscription

**PLEASE PRINT**

**Full Name (Title/Rank) or name of Institution**

**Preferred Postal Name:**

**Address** Work   
Home

**Preferred Postal Address:**

**Contact Numbers:**

Tel: (daytime) \_\_\_\_\_ (a/hrs)

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Information Only:**

**Primary Qualifications:**

**University & Year:**

**Student No: (if applicable)**

**Expected year of completion:**

**Currently serving in the Defence Force?**

Yes  Permanent  Reserve   
No  Navy  Army  Air Force

**Workplace/Company/Dept  
Position Held**

**Payment can be made by using a credit card or sending a cheque made payable to: AMMA**  
All prices quoted in \$AUD (Australian Dollars)

Membership Level	Annual Subscription	Joining Fee
<input type="checkbox"/> Full membership	\$140.00	\$40.00 (GST inclusive)
<input type="checkbox"/> Student membership	\$ 102.00	\$20.00 (GST inclusive)
<input type="checkbox"/> Institutional Membership	\$ 120.00	N/A (GST inclusive)
<input type="checkbox"/> Overseas Full membership	\$140.00 + \$40.00 Annual Postage	\$40.00 (GST Exempt)
<input type="checkbox"/> Overseas student member	\$122.00 + \$40.00 Annual postage	\$20.00 (GST Exempt)
<input type="checkbox"/> Overseas institutional membership	\$120.00 + \$40.00 postage	(GST Exempt)

**NOTE: Period of Membership 1/7/10 - 30/6/11**

I have enclosed a cheque/money order to the value of \$ \_\_\_\_\_ or please charge \$ \_\_\_\_\_ to

MasterCard  Visa

Expiry Date \_\_\_ / \_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Return to: AMMA Secretariat, 113 Harrington St, Hobart, Tasmania 7000 Australia

Telephone: (03) 6234 7844 Facsimile: (03) 6234 5958

Email: paula@leishman-associates.com.au Website: [www.amma.asn.au](http://www.amma.asn.au)

AMMA ABN 81 485 060 729