



AJMF Annual Subscription Renewal - 1 July 2017 to 30 June 2018

NAME: _____
ADDRESS: _____
SUBURB: _____ POSTCODE _____
EMAIL: _____
PHONE: _____
Specialty/GP/etc: _____

MEMBERSHIP DETAILS:

\$125_MEDICAL PRACTITIONER

\$65_RETIRED

STUDENT (No Charge)

\$65_HMO

\$65_RESEARCHER

YEAR: _____

\$65_PARAMEDICAL

\$65_NURSING

UNIVERSITY: _____

TOTAL PAYMENT

\$

PAYMENT METHOD

CREDIT CARD

CHEQUE enclosed

CREDIT CARD TYPE

VISA

MASTERCARD

NAME ON CARD

SIGNATURE

CREDIT CARD NO

EXPIRY DATE



Post to AJMF (VIC), PO Box 2270 Caulfield Junction VIC 3161



FAX to (03) 9500 8836



EMAIL to presvic@ajmf.org.au

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