



AJMF Annual Subscription Renewal - 1 July 2018 to 30 June 2019

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



EMAIL to presvic@ajmf.org.au

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