



AJMF (VIC) Annual Subscription Renewal - 1 July 2024 to 30 June 2025

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____

SPECIALTY/GP/etc: _____

AHPRA REGISTRATION NO: _____

MEMBERSHIP DETAILS:

\$140_MEDICAL PRACTITIONER

\$75_RESEARCHER

\$0_STUDENT

\$75_HMO / PARAMEDIC

\$75_NURSING / ALLIED HEALTH

\$75_RETIRED

\$0_VISITING ISRAELI FELLOW

UNI/YEAR _____

TOTAL PAYMENT

\$

PAYMENT METHOD

CREDIT CARD

EFT/BANK TRANSFER

DIRECT TRANSFER TO AJMF (VIC) CBA account BSB 06 3143 ACCOUNT NUMBER 1029 4632

-> Please put your NAME in the narrative.

CREDIT CARD TYPE

VISA

MASTERCARD

NAME ON CARD

SIGNATURE

CREDIT CARD NO

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EXPIRY DATE

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



EMAIL to presvic@ajmf.org.au

This is a tax receipt once paid. Please advise us of any changes to your contact details.