AUSTRALASIAN JEWISH MEDICAL FEDERATION

AJMF (VIC) Annual Subscription Renewal - 1 July 2025 to 30 June 2026

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____

SPECIALTY/GP/etc:_____

AHPRA REGISTRATION NO: _____

MEMBERSHIP DETAILS:

- ☐ **$140_MEDICAL PRACTITIONER**
- ☐ **$75_HMO / PARAMEDIC**
- ☐ **$75_RETIRED**
- ☐ **$75_RESEARCHER**
- ☐ **$75_NURSING / ALLIED HEALTH**
- ☐ **$0_VISITING ISRAELI FELLOW**
- ☐ **$0_STUDENT**
- **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 | | | | | / | | | | | / | | | | | / | | | | |

EXPIRY DATE | | | / | | |

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.*