



AJMF (VIC) NEW MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____

SPECIALTY/GP/etc: _____

AHPRA
REGISTRATION NO _____

PROPOSED MEMBERSHIP CATEGORY:

☐ \$140_MEDICAL PRACTITIONER

☐ \$75_RESEARCHER

☐ \$0_STUDENT

☐ \$75_HMO / PARAMEDIC

☐ \$75_NURSING / ALLIED HEALTH

☐ \$75_RETIRED

☐ \$0_VISITING ISRAELI FELLOW

UNI/YEAR _____

PROPOSER'S DETAILS

This section to be completed by a current or previous AJMF member who will support your membership application.

PROPOSER'S FULL NAME: _____

PROPOSER'S EMAIL: _____

PROPOSER'S MOBILE: _____

PROPOSER STATEMENT:
(How do you know the applicant)

What happens after you submit?

Thank you for submitting your membership application.

The committee will review your details and if more information is needed, we will contact you or the proposer directly.

It may take up to 2 weeks to process your application.

Upon approval, you will be sent an invoice with payment instructions. Memberships are for 1 July to 30 June.

We appreciate your patience and look forward to welcoming you as a new member.



EMAIL form to: presvic@ajmf.org.au