

**ANNUAL MEMBERSHIP 1 JULY 2017 to 30 JUNE 2018
 AUSTRALASIAN JEWISH MEDICAL FEDERATION-NSW
 Incorporating the Fellowship of Jewish Doctors of
 NSW**

Po Box 246 Bondi Rd Bondi NSW 2026 Ph 0419886557
 TAX INVOICE ABN 9280 3016 175

	\$
Standard member	99 <input type="checkbox"/>
Part Time/Intern/Retired	55 <input type="checkbox"/>
Resident/Registrar	55 <input type="checkbox"/>
Medical Student	Free

PLEASE RETAIN THIS PORTION FOR YOUR TAX RECORDS. A RECEIPT WILL NOT BE ISSUED.

AJMF MEMBERSHIP 1 JULY 2017 TO 30 JUNE 2018

Name:

Home Address:.....Postcode:.....

Business

Address:.....Postcode:.....

Telephone: **Business**..... **Home**.....

E-mail:..... I am a GP or I am a specialist in
 \$

Standard member	99 <input type="checkbox"/>
Part Time/Intern/Retired	55 <input type="checkbox"/>
Resident/ Registrar	55 <input type="checkbox"/>
Medical student	Free

I have transferred to AJMFNSW Bank Account BSB 082-187 Account No 632075385
 \$.....Reference type your name

Enclosed is my cheque payable to AJMF NSW for \$..... or Please debit \$
 from my Mastercard Visa

Credit Card Number

Expiry date: / / Card Holder Name:.....

Signature:.....CVV Code