



**AJMF (VIC) Annual Subscription Renewal - 1 July 2023 to 30 June 2024**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

SPECIALTY/GP/etc: \_\_\_\_\_

AHPRA REGISTRATION NO: \_\_\_\_\_

**MEMBERSHIP DETAILS:**

\$125\_MEDICAL PRACTITIONER

\$65\_RESEARCHER

\$0\_STUDENT

\$65\_HMO / PARAMEDIC

\$65\_NURSING

\$65\_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](mailto:presvic@ajmf.org.au)

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