

Application for Membership 2011 - 2012

TAX INVOICE

I,.....(Full Name)
of.....(Home Address)
.....Postcode.....

hereby apply for membership of the Rural Doctors' Association of South Australia Inc.

I understand that acceptance of this application is conditional upon receipt of the prescribed annual fee and my subsequent election to the Association by its Management Committee at its next meeting as set out in section five of the Association's Constitution. I furthermore agree to abide by the rules of the Association which form the Constitution.

Membership of the Rural Doctors' Association of SA also entitles you to representation by the National organisation, the Rural Doctors' Association of Australia.

Payment options:

CHEQUE: Please make cheque payable to RDAA and send this form and your cheque to: RDASA Membership, P O Box 3636, Manuka, ACT, 2603.

ELECTRONIC FUNDS TRANSFER:

**RDAA
BSB: 032727
ACCOUNT NUMBER: 174788**

**Include your first initial and surname as Reference/Description
Post this form to Linda Huf, RDAA, P O Box 3636, Manuka, ACT, 2603 or
Fax this form to Linda Huf, 02 6260 7551**

Receipts issued upon request. Please tick if you require a receipt

2011/2012 Membership fees are due by 30.08.11

(Please circle the appropriate category)

Category	Subscription	+ GST	Total amount
Full-time rural doctor	\$431.82	\$43.18	\$475
Half-time or less	\$215.90	\$21.60	\$237.50
Married couple	\$647.73	\$64.77	\$712.50
Married couple (both half-time or less)	\$431.82	\$43.18	\$475
Associate.(non-rural doctor)	\$215.90	\$21.60	\$237.5
GP Registrar	\$215.90	\$21.60	\$237.5
Medical Student	FREE	\$0	FREE (To rural club members)
International Medical Graduates	FREE for 1 st Year	\$0	FREE Introductory offer for 1st year membership

President:

Dr Tim Wood
Ph: 08 8821 3133
Fax: 08 8821 3223
Mobile: 0427 213044
Email: twood@kadmed.com.au

President Elect:

Dr Scott Lewis
Ph: 08 8680 2005
Fax: 08 8680 2515
Mobile: 0428 454 337
Email: drscott@internode.on.net

Vice President - Industrial:

Dr Peter Rischbieth
Ph: 08 8532 2322
Ah: 08 8339 5373
Fax: 08 8531 0732
Mobile: 0408 813143
Email: peter.rischbieth@bridgeclinic.com.au

Vice Presidents:

Dr David Rosenthal
Ph: 08 8586 4111
Ah: 08 8586 6048
Fax: 08 8586 4067
Mobile: 0418 858069
Email: david.rosenthal@flinders.edu.au

Dr David Senior

Ph: 08 8768 2012
Fax: 08 8768 2766
Mobile: 0409 849 370
Email: dpsenior@lchealth.com.au

Treasurer:

Dr Joanna Rutzen
Ph: 08 8584 7321
Fax: 08 8584 5005
Email: jrutzen@hotmail.net.au

Secretariat:

Ms Suzanne Mann
PO Box 83 ANGASTON SA 5353
Ph: 08 8564 8366
Fax: 08 8564 8397
Mobile: 0438 069 947
Email: info@rdasa.com.au

Please complete the details over the page and return with your payment

2011 - 2012 RDASA Membership

Please complete all of the following information:

Full Name:.....

D.O.B:..... **Qualifications:**.....

Full time:.....% **Marital Status:**.....

AMA: yes/no **FRACGP:** yes/no **FACRRM:** yes/no

Preferred postal address:..... **Postcode:**.....

Main Practice address:..... **Postcode:**.....

Work Phone:..... **Mobile Phone:**..... **Home Phone:**.....

Email (for RDASA Communication):.....

Type of Practice (please circle): **Solo / Two person / Three or more**

Are you a Specialist: Yes / No

SPECIAL INTERESTS: (include special skills and level)

e.g. Anaesthetics, Obstetrics, Administration, Mental Health, Emergency Medicine, Surgery etc

SPECIAL INTEREST GROUPS: (communication via email network)

Please indicate if you would like to be included in the RDASA Special Interest Groups (please circle)

Obstetrics / Anaesthetics / Surgery / Specialists / Mental Health /

Female Doctors / International Medical Graduates

Signature.....

Date.....