



Australian Indian Medical Graduates Association.Inc

(Formerly called OAMGA)

PO BOX 1028, Strathfield, NSW 2135 Fax: (02) 8580 4961
Email- admin@aimga.org.au Web - www.aimga.org.au

Application for Membership of Association

* I.....
(Full name of applicant)

Of
(Address)

Ihereby apply to become a
(specialty)
member of the above named incorporated association. In the event of my admission as a member,
I agree to be bound by the rules of the association for the time being in force.

.....
Signature of applicant

* I a member of the association nominate the
applicant, who is personally known to me, for membership of the association.

.....
Signature of proposer
Date

* I a member of the association nominate the
applicant, who is personally known to me, for membership of the association.

.....
Signature of seconded
Date

For New Members (please tick)
Renewals of Membership (please tick)

I hereby apply of my membership for year **2011 July to June 2012**

Name:

Address:

Tel/Fax: Email:.....

Signature: Date:

Membership Fee	\$	120	<input type="checkbox"/>
Affiliate/Student Member Fee	\$	50	<input type="checkbox"/>
Husband and wife (both doctors)	\$	170	<input type="checkbox"/>
Allied and Health Care Professionals	\$	120	<input type="checkbox"/>
Life Member	\$	1200	<input type="checkbox"/>
Retired Member	\$	50	<input type="checkbox"/>

Please make a cheque payable to AIMGA and post it to
PO BOX 1028, Strathfield, NSW 2135 or Fax: (02) 8580 4961

Paying by Credit Card

Credit card Number-----MASTERCARD VISA

Name on the card-----Expiry date-----