



Pakistani Medical Association, South Australia Inc.

Level 1, 80 Brougham Place,
North Adelaide SA 5006
Tel 08 8361 0101 Fax 08 8267 5349
Email: pakistanimedicalassociationsa@gmail.com

Surname:	Given Name(s)
-----------------	----------------------

Address	Street Name	Suburb/Town	Post Code
Home			
Work			

Telephone	H:	W:	M:	Pager
-----------	----	----	----	-------

AHPRA Registration Number:

Qualifications:	Email:
-----------------	--------

Registered with AHPRA	Yes	Full	Limited	Not Registered
For fully registered please select General Membership, Select Associate if Limited Registration.				

Membership Categories	A: General or FULL	B: Associate	C: Student
Membership Fee	A: \$150	B: \$100	C: Free
<i>Spouse can join at discounted rate (\$100 for full membership / \$75 for Associate) but must fill in a separate membership form.</i>			

Payment options	Bank Deposit	Cheque	Cash
Pakistani Medical Association, SA Inc.	BSB: 015 220	A/C: 204840749	

Please use your surname and initial of first name as a reference.
Make all cheques payable to Pakistani Medical Association, SA Inc
And post to PMASA, C/- AMA(SA), PO Box 134, North Adelaide SA 5006

Signature:

For Office Use Only:

Payment	Cheque	Cash	Bank deposit	Other
Date:	Category	Approved by:		