



DISCLAIMER:

The Council of ASMOF (NSW) reserves the right to decline assistance or provide assistance on a conditional or other basis. In particular, the Council may exercise its discretion in cases where a member requests assistance in relation to an issue which was known to the member prior to joining ASMOF (NSW).

Disputes between members: - ASMOF will strongly recommend that disputes between members should be dealt with way of mediation. ASMOF reserves the right not to act against other ASMOF members, especially in cases where no ASMOF advice has been sought prior to complaints being made against other salaried practitioners. ASMOF will not assist a member in a dispute with another salaried medical practitioner where the member has been an ASMOF member for less than 12 months (except at the discretion of the Council).

Level 3 Suite 46 330 Wattle Street Ultimo New South Wales 2007

Locked Mail Bag No 13 Glebe New South Wales 2037

Telephone 9212 6900 Facsimile 9212 6911 Email

asmof@asmof.org.au



What is ASMOF?

ASMOF (NSW) represents medical practitioners employed in New South Wales.

It is an organisation of employee medical professionals and is run by salaried doctors for salaried doctors.

ASMOF (NSW) understands your workplace. We have successfully negotiated medical practitioners' conditions of employment for many years. Our advisors and staff are experts in the areas of industrial and employment law. We are only a phone call away.

Benefits of Joining

By joining ASMOF (NSW) you will get:

- Expert advice on all aspects of your salary and employment conditions
- Help in resolving workplace disputes with your employer
- Regular information about important workplace developments through the comprehensive ASMOF (NSW) via monthly Industrial Report

- Exclusive access to the ASMOF website where you can get further information about your entitlements.

Personal information for member registration

Name (in full)

Email

Male / Female D.O.B Mail to: Private / Professional

Private address

Suburb State P/code.....

Tel Fax Mobile

Employer.....

Workplace/Hospital.....

Professional address

Suburb State P/code.....

Tel Fax Mobile

Medical qualifications.....

Higher qualifications.....

Precise appointment.....

0.5 or less Full Time Equivalent
More than 0.5 Full time Equivalent Member of AMA: Yes / No Please attach CV or employment qualification details

Principal Classification

- Career Medical Officer
- Clinical Academic
- Medical Administrator
- Staff Specialist
- Other.....
(please specify)

Principal Specialty

- Anaesthesia
- Emergency Medicine
- Intensive Care
- Internal Medicine
- Medical Administration
- Obstetrics & Gynaecology
- Paediatrics
- Pathology
- Psychiatry
- Radiology
- Surgery
- Other.....
(please specify)

Sub Specialty

- Anatomical Pathology
- Cardiology
- Gastroenterology
- Geriatrics
- Gynaecology
- Haematology
- Neurology
- Obstetrics
- Oncology
- Rehabilitation Medicine
- Renal Medicine
- Radiation Oncology
- General Surgeon
- Paediatric Surgeon
- Other.....
(please specify)

Staff Specialist Rights of Private Practice

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5
- Other.....
(please specify)

I wish to apply for membership of the Australian Salaried Medical Officers' Federation [an organisation registered under the *Workplace Relations Act* 1996 (Cth)] and ASMOF (NSW) [an industrial union of employees, registered under the *Industrial Relations Act* 1996 (NSW)]. I have provided information for my membership registration. I have read and understand the disclaimer that accompanies this application form.

I undertake to observe the rules and by-laws of the Federation and I understand I will be provided with a copy of the Constitution upon request. I understand that the annual subscription is due and payable on 1 January each year and **payment** of \$ is enclosed to cover the annual subscription for this year.

Signature Date



HOW TO MAKE YOUR *Membership Payment*

•Decide on the means by which you wish to make payment

The options are:

1. Payment in full by cheque / credit card; or
2. Payment by monthly credit card deduction

•Identify the fee category you fall within

This information is shown on the fee schedules opposite.

Payment details

Please indicate the method by which you would like to pay, including credit card details if applicable.

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 Ultimo New South Wales 2007
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Option 1 Payment in Full		
Please Circle the Applicable Rate (Pro rata fees are payable if joining after Mid February)		
	More than 0.5 FTE	FTE 0.5 and less
Clinical Academic	\$470	
CMO		
Other Members	\$875	\$470
Level 1 SMP		
Level 2 SMP	\$940	\$515
Level 3 SMP	\$1010	\$545
Level 4 SMP	\$1070	\$595
Level 5 SMP	\$1145	\$620

Option 2 Payment by Monthly Credit Deductions		
Please Circle the Applicable Rate		
	More than 0.5 FTE	FTE 0.5 and less
Clinical Academic	\$39.25	
CMO		
Other Members	\$72.92	\$39.25
Level 1 SMP		
Level 2 SMP	\$78.33	\$42.92
Level 3 SMP	\$84.17	\$45.42
Level 4 SMP	\$89.17	\$49.58
Level 5 SMP	\$95.42	\$51.67

Method of Payment

- Payment in full by Cheque/Money order
(payable to ASMOF)
- Payment in full by Credit Card *(Payment in full will satisfy membership fees up until January 1)*
- Payment by Monthly Credit Card Deduction – I authorise ASMOF (New South Wales) to deduct a monthly amount from my credit card as identified in the fee schedule opposite.

I understand that deductions are to be made on or near the 20th of each month.

- Mastercard
- Visa
- Bankcard
- Amex

Card Number.....

Expiry Date.....

Name on Card:.....

Name if different from that on card:.....

Signature:.....