AMA QUEENSLAND

Supporting Queensland doctors, creating better health.

Join now

Membership application form 2026

AMA Queensland membership is tax deductible.^

Yes join me up!

How to apply

- Complete this form and email to **membership@amaq.com.au**
- Post to **PO Box 123, Red Hill QLD 4059**
- Call our Membership Team on **07 3872 2222**

I hereby apply to be elected as a member of the Australian Medical Association Queensland Limited (AMA Queensland) and agree, if elected, to observe the principles stated in the Declaration of Geneva and the Code of Ethics.

Contact details (Please print BLOCK LETTERS in blue/black ink)

Prefix: ☐ Dr ☐ A/Prof ☐ Prof ☐ Other:

First name: Middle name: Last name:

Date of birth: / / Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer ☐ Different term:

Postal/home address:

Suburb: State: Postcode:

Home phone: Mobile: Email:

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Prefer not to answer ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Principal practice details

Are you a practice owner? ☐ Yes ☐ No

Practice name:

Principal practice address:

Suburb: State: Postcode:

Preferred mailing address: ☐ Home ☐ Business

Junior Medical Practitioners (Please tick)

*Visit **amaq.com.au** for current rates*

(Please Tick)	Category	Postgraduate Year	2026 Monthly rate	2026 Fortnightly rate*	2026 Annual rate
☐	Intern	PGY1	$49.27	$23.57	$542
☐	Junior House Officer	PGY2	$55.17	$25.46	$662
☐	Senior House Officer	PGY3	$63.50	$29.31	$762
☐	Principal House Officer	PGY4	$77	$35.54	$924
☐	Registrar	PGY5	$92	$42.46	$1,104

Senior Medical Practitioners (Please tick)

*Visit **amaq.com.au** for current rates*

(Please Tick)	Category	2026 Monthly rate	2026 Fortnightly rate*	2026 Annual rate
☐	Full-time Medical Practitioner	$153.67	$70.92	$1,844
☐	Part-time 21 – 30 hours per week	$111.17	$51.31	$1,334
☐	Part-time 11 – 20 hours per week	$84.58	$39.04	$1,015
☐	Part-time up to 10 hours per week	$38.17	$17.62	$458

Prices inclusive of GST.

* Where available via Queensland Health

Employed as (Please tick)

☐ Visiting Medical Officer – VMO
☐ GP Registrar
☐ Resident Medical Officer
☐ Intern
☐ Registrar
☐ Senior Registrar

Current hospital:

Training pathway:

Expected completion date:

30/04/2026

^ Please seek financial advice.

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ASMOFQ

Your membership with AMA Queensland also includes membership with the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) and the Australian Salaried Medical Officers' Federation (ASMOF) for no extra cost. AMA Queensland will make the application on your behalf unless you advise AMA Queensland, within 14 days of making this application, that you do not wish to proceed.

Members agree to abide by the rules and policies of ASMOFQ and ASMOF and may resign from ASMOF and ASMOFQ by written notice to the Secretary.

THE DOCTORS UNION ASMOFQ

Were you referred by a member?

☐ No ☐ Yes

Member's full name:

Did you graduate from your medical degree outside of Australia or New Zealand?

☐ No ☐ Yes

If yes, which country?

What would you like from your membership?

Why are you joining AMA Queensland: (Please tick)

☐ MOCA negotiation

☐ Belonging to the peak medical professional body

☐ Health policy advocacy

☐ Professional resources and training

☐ Workplace and industrial relations support and advice

☐ Other:

☐ Queensland Health Payroll Deduction

Queensland Health employee number:

I authorise Queensland Health to continue to deduct from my salary the sum of $_____ per fortnight and continue for each subsequent year and pay such sum to the Australian Medical Association Queensland Limited with ABN 17 009 660 280 (AMA Queensland). I authorise you to accept and act upon any advice from AMA Queensland that the amount of AMA Queensland subscription or the rate of deduction payable by me has been altered in accordance with the Rules of AMA Queensland and that this authority shall extend to cover such alterations.

This authority shall be deemed to remain in full force and effect until written revocation thereof shall be given by me to AMA Queensland and to my employer. The receipt by the appropriate Officer of this authorisation shall be sufficient discharge to the employer for the payment of any amount so deducted by you. I authorise the providing of information to AMA Queensland of alteration to details provided on this form for employment and related interests in accordance with the *Information Privacy Act 2009 (Qld)*.

Signature: Date: / /

^ Please seek financial advice.

No administration fees applied to monthly payments.

Payment details

☐ Annual ☐ Monthly $

☐ Amex ☐ Visa ☐ Mastercard

Card number:

Expiry date: / CVC:

I authorise and request AMA Queensland to debit the above nominated credit card upon receipt of this authorisation and thereafter as nominated above monthly. I acknowledge this is a perpetual authorisation and will remain in force until cancelled in writing. In the event that my application for membership is not approved AMA Queensland will refund any subscription amount paid.

Cardholder's name:

Signature:

Additional declaration

Do you have or have you ever had a suspension, condition/s or other restriction/s placed on your registration or been subject to criminal proceedings?

☐ No ☐ Yes

If yes, forward an extract of the orders made and any convictions recorded to the General Manager of Membership via membership@amaq.com.au for further review with your application for membership.

What happens next?

We will process both your application and membership payment. Please note that your membership is subject to approval by the AMA Queensland Board, and you will be notified once approved. Any application not approved by the Board will be notified in due course and your payment will be refunded.

Please note if you are requiring immediate workplace relations assistance, or access to any member benefits (including Medical Costs Guide and vehicle benefits), then your membership must be paid in full to be able to access these benefits.

Do you have an ongoing or pre-existing workplace issue?

☐ No ☐ Yes

If yes, provide details:

Please be aware if you have an ongoing or pre-existing issue AMA Queensland reserves the right to determine the level of support it can provide for you.

I undertake to observe the rules and by-laws of AMA Queensland, and understand I will be provided with a copy of the constitution upon request. I also authorise AMA Queensland to deal with the information provided in accordance with AMA Queensland's Privacy Policy and the *Privacy Act 1988* (Cth).

Signature: Date: / /

View our privacy policy at **amaq.com.au/Privacy-policy**.
View our Medical Costs Guide Terms of Use and Acceptable Use Policy at **amaq.com.au/Medical-Costs-Guide-Policy**.