



# Membership Application & Renewal Form

*"We're going places  
and we would like you to join us"*



2009 was a big year for the Gold Coast Medical Association,  
but this year's calendar of events is bigger still!

Further more, we have expanded on the list of member benefits to provide exceptional value

- Invite to monthly sponsored dinner meetings including the AGM with interesting guest speaker on cutting-edge topics (non-members will be charged \$25 to attend a dinner meeting)
- Six editions of The Medical Link journal containing news and views of the Gold Coast medical profession
- Regular e-mail newsletter updates
- Free entry with contact details in the membership directory distributed to 1100 Gold Coast doctors
- Exclusive editorial opportunities in The Medical Link journal
- An opportunity to have input into a proposed Gold Coast medical conference covering broad health issues
- First preference to participate as a speaker or an exhibitor at the successful annual Health Expo
- An opportunity to have your say on important issues including medical and health infrastructure
- Representation through a strong media presence on important medical issues
- Exclusive invitation to an end of year family get - together

Complete this form and fax back to 07 5575 7551

Doctor's Name:		Date:
Practice Name:		
Area of Speciality:		
Postal Address:		P/C
Telephone:	Facsimile:	Mobile:
Email:		
****(GCMA's preferred method of correspondence)		
<b>FEES:</b>		
<input type="checkbox"/> Annual Membership Fee: <b>\$99</b> (incl GST)		
<input type="checkbox"/> Optional Donation to the Gold Coast Care for Children Fund: <b>\$25</b> <i>(The GCMA's preferred charity)</i>		<b>TOTAL \$.....</b>

I have made payment by:  Direct Transfer to GCMA Bank Account **BSB: 034 230 A/C: 203 845**  
 Via cheque to GCMA, PO Box 2163, Southport QLD 4215  
*(A tax invoice will be issued on receipt of membership subscription)*

The Gold Coast Medical Association Inc.  
 PO Box 2163, Southport QLD 4215  
 Ph: 07 5575 7054 Fx: 07 5575 7551  
 E: info@gcma.org.au W: www.gcma.org.au



## 2010/2011 MEMBERSHIP DIRECTORY LISTING

*(Please only supply information that you give consent to be published in the Directory  
and on the GCMA Website)*

Title: \_\_\_\_\_

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Surname)*

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Craft Group *(eg. GP, Specialist)* \_\_\_\_\_

Specify the category for your listing: *(eg. Gynaecology, Internal Medicine, Anaesthetics)*

Specialising In \_\_\_\_\_

Leisure, Sporting, Hobbies, Interests \_\_\_\_\_

\_\_\_\_\_

**RETURN BY FAX TO**

**5575 7551**

**By 31<sup>st</sup> July, 2010**



AMA AFFILIATED  
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