

Rural Doctors Association Victoria
Application for Membership



Please send completed application to:
RDAV Memberships, PO Box 3636, Manuka ACT 2603

ABN: 83 096 669 680

Name: _____

Spouse Name: _____

Address – Business: _____

Postcode: _____ Phone: _____ Fax: _____

Email: _____

Address – Private: _____

Postcode: _____ Phone: _____ Fax: _____

Age: <25 25-34 35-44 45-54 55-64 65-69 70+

Work description: Please tick the appropriate box(es)

Rural GP Proceduralist - Obstetrics Surgery Anaesthetics

Special Interests

Are you a specialist? _____ If so what is your speciality? _____

Are you a member of AMA RACGP ACRRM

Is your partner registered with the Rural Medical Family Network Yes No

Would you like to be involved in the RDAV Board of Management Yes No

Annual Subscription – Membership is from 1st July to 30th June – All fees are inclusive of GST

Standard Membership	\$340.00	International Medical Graduate First Year	Free
Group Practice (per doctor)*	\$310.00	2 nd year on until fellowship	\$230
Doctor Spouse (per doctor)	\$175.00	*(Group practice membership applies to each doctor in a group practice where all the doctors are members of RDAV - please photocopy this application form and complete one for each doctor.)	
Part-time GP (less than 5 sessions per week)	\$175.00	Student	\$11.00
GP Registrar – First Year Free then	\$220.00	Student Members of Rural Clubs	Free
Practice Manager	\$110.00		

Enclosed is my: cheque/money order for AUD \$ _____ or charge to my Mastercard/Visa (circle).

CARD No: _____ EXPIRY DATE: _____ / _____

FULL NAME ON CARD (PLEASE PRINT) _____

SIGNATURE: _____ DATE: _____

Please retain a copy for your records. A tax invoice will be issued on receipt of payment.

Please post to : RDAV Membership, PO Box 3636 Manuka ACT 2603 or Fax to : 02 6260 7551