



APPLICATION FOR MEMBERSHIP

FIJI MEDICAL ASSOCIATION
 10 Holland Street
 PO Box 1116, SUVA
 Tel (679) 3315 388
 Email: fmavuniwais@gmail.com

Please print all names in full:

Being a Medical Practitioner registered in Part II of the Medical Register of Fiji; apply to become a member of the **Fiji Medical Association**

<u>Professional Data:</u> Academic Qualification(s)	<u>University/ College</u>	<u>Date Obtained</u>
Membership of other Professional societies		
<u>Date of Entry to Part II of Register</u>		
<u>Date of Entry to Specialist Register (if relevant)</u>		
<u>Location of Workplace:</u>		Salaried/Self-employed/Retired
<u>Type of Practice/Position Held</u>		<u>Full time</u>
<u>Contract officers only: from:</u>	___ / ___ / ___.	<u>Until</u> ___ / ___ / ___.

Declaration: I agree to abide by the Rules and Code of Ethics of the Association, and to pay the full annual Subscriptions of the association.

I will pay subscriptions:

Annually by cheque/cash;

OR

Regular salary deduction **E.D.P.NO.** _____

Signature: _____ Date: ___/___/___

Contact Address: Postal, telephone, Fax, e-mail:

Postal: _____ Mobile: _____ Work: _____

_____ Home: _____

E-mail: _____ Fax: _____

Office Use Only

Registration status confirmed (by Secretary, Fiji Media Council) Yes/ No, Reg. No _____

First annual subscription received: Receipt No: _____ Dates covered: _____

OR salary deduction commenced on: Date: _____ Pay Run: _____

Rules, card sent to Applicant (date) _____ **MEMBERSHIP NUMBER:**



**MEMBERSHIP
APPLICATION
AUTHORITY FORM**

10 Holland Street
PO Box 1116, SUVA
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STATION:

EDP No:

I.....

(Full Name)

Hereby authorizes you to deduct from my salary/wages \$.....per fortnight being the amount of my association subscription (or such lesser or greater sum as may subsequently be prescribed as the subscription rate by any amendment to the Association Constitution). Such sum to be paid to the National Treasurer, Fiji Medical Association, whose receipt shall be sufficient discharge. This deduction from my salary/wages shall commence as soon as possible after the date that this application/authority form is signed.

Financial Year: July 1st – June 30th

Note Annual Subscription: F\$390.00

Fortnightly Deduction: \$15 plus arrears (if relevant)

.....
(Date)

.....
(Members Signature)

.....
(Treasurer FMA)
