



KURING-GAI DISTRICT MEDICAL ASSOCIATION
ABN 455 152 840 65
RENEWAL OF MEMBERSHIP FOR 2026
TAX INVOICE
FEES ARE DUE BY 31ST JANUARY 2026

1st January, 2026

Dear Member

Your KDMA subscription for the year ending 31st December 2026 is now due. Listed below are the fees set by Members at the Annual General Meeting of the Association conducted on 18th November 2025. Please note that you can renew your membership online by completing the renewal of Membership form on our website www.kdma.com.au located on the MEMBERS page. (The password for the members page is KDMA)

IMPORTANT: Please make sure that you advise the office by email info@kdma.com.au if you have changed any of your details, and to provide missing information. **KDMA Honorary Treasurer**

**** If you wish to alter your membership category to Retired status, or to Part Time status (only available to those whose annual earnings from medically related work is \$50,000 per annum or less), please submit request in writing to Treasurer. You need not apply again unless your status alters.***

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Please note membership is based on a Calendar year and not on anniversary of joining

Membership Type	Annual Fee (incl GST)	Please Tick Membership Category
Full time	\$275.00	
Part time	\$205.00	
Retired	\$205.00	
Country/Interstate	\$115.00	
RMO/Registrar (1 st year free then \$100 per annum x 3 years) SPECIAL OFFER FOR NEW GP Registrars \$100 per annum x 3 years	\$100.00	
Life Member	\$50.00	
Associate Member (for Allied Health Professionals invited and accepted by the committee)	\$130.00	
Student	No Charge	

Please scan and email to info@kdma.com.au or post to P O Box 1279 Meadowbank NSW 2114
For Electronic Transfer - Commonwealth Bank **BSB 062 223 Account No 0091 7560** - please include your name.

If possible please email through confirmation of payment when made.

OPTIONAL DONATION TO MEDICAL BENEVOLENT ASSOC in addition to KDMA Subscription-MBA TAX DEDUCTIBLE RECEIPT WILL BE SUPPLIED

\$10 ☐ \$20 ☐ \$50 ☐ other \$..... ☐

Signature: _____ Date: _____ Total \$ _____