KURING-GAI DISTRICT MEDICAL ASSOCIATION INC.

PO Box 1279 MEADOWBANK NSW 2114
Ph (02) 9807 4429 info@kdma.com.au www.kdma.com.au
ABN 455 152 840 65

KURING-GAI DISTRICT MEDICAL ASSOCIATION

MEMBERSHIP APPLICATION

TAX INVOICE

Please Print clearly:

Surname: _____First Name: _____ Title: _____

Surgery Address: _____Post Code: _____

Phone:(W)_____(H)_____Mobile: _____

HOME Address:_____PostCode: _____

Email Address: _____ Partner Name: _____

Major Speciality: _____Secondary Speciality:_____

GP? Yes ☐ No ☐ - If yes, state any specific medical interest practised: _____
Member of AMA? Yes ☐ No ☐

SCALE OF FEES 2026 - Please note membership is for a Calendar Year
(New members joining after 1/7/2026 pay half the annual fee)

MEMBER TYPE	TOTAL DUE (incl GST)	Please tick membership category
Full-Time	**$275.00**	
Part-Time (see below)**	**$205.00**	
Retired Member (see below)**	**$205.00**	
Country/Interstate	**$115.00**	
RMO/Registrar (1st year Free then $100 pa x 3yrs) SPECIAL OFFER FOR NEW GP Registrars $100 pa x 3 yrs	**$100.00**	
Student Member	**No charge**	
Associate Member (for Allied Health Professionals invited & accepted by the committee)	**$130.00**	

Please scan and email to info@kdma.com.au or fill in the online application form found on our website www.kdma.com.au - Become a Member.

Fees can be paid by direct deposit to - Commonwealth Bank BSB 062 223 Account No 0091 7560 please include your name and if possible please email through confirmation of payment when made.

Please tick appropriate Membership request:

☐ I hereby apply for **Full Time Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

☐ I hereby apply for ****Part-Time Membership/Retired Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations. I declare that my gross income from all medically related pursuits is $50,000 or less per annum.

☐ I hereby apply for **Country/Interstate Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

☐ I hereby apply for **RMO/Registrar or new GP Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

☐ I hereby apply for **Student Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

☐ I hereby apply for **Associate Membership** of the Kuring-gai District Medical Association and agree to abide by its Rules and Regulations.

Signed: _____ Date: _____/_____/_____