

# DRS

## Doctors Reform Society Membership Form July 2008- June 2009

Name: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Locale \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Work phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

FAX: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
Please update your email address

What is your current role in the health system? \_\_\_\_\_

What prompts your interest in the DRS? \_\_\_\_\_

### **Membership Category      Fees:**

### **Membership to 30/06/2009**

***Standard Annual Membership: \$300***     

***Medical Student Membership: \$10***     

### ***Concessional Memberships***

Concession Membership      **\$150**  
(Lower income/ part-time/ recent graduate).

Concession Membership **\$50**  
(Retired/ unemployed/ further post-graduate study)  
Note: new members can join for \$50 for the first year.

### ***Supporting and Life Memberships***

Supporting Membership      **\$600**     

Bronze Life Membership      **\$5,000**     

Silver Life Membership      **\$10,000**     

Gold Life Membership      **\$15,000**     

Tick payment method: Please *send tax invoice* \_\_\_\_ *Cheque attached* \_\_\_\_\_ *Credit card* \_\_\_\_\_

Is a receipt required?       Please tick for yes

For Credit card only: *Issued by:* Visa/MasterCard/Amex

**Name on Card** \_\_\_\_\_

**Number:** \_\_\_\_\_

**Card Expiry date:** \_\_\_\_/\_\_\_\_

We plan to send interesting and topical information (reports, submissions, articles, etc) to members by email. Please tick the box if you want this information.       (You may unsubscribe at any time.)

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/200\_\_

Please return this form to  
DRS  
PO Box 59  
Rydalmere BC  
2-4 Park Rd  
Rydalmere NSW 1701  
or Fax 02 9613 8305