

DRS

Doctors Reform Society Membership Form July 2010- June 2011

Name: _____

Preferred mailing address: _____

Home Address: _____

City/Locale _____

State/Territory _____ 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 30/06/2011

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: _____/_____/201__