



# AIDA

## Membership form – Individual

### Summary

<b>Title</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Post-nominal title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
<b>First name</b>					<b>Last name</b>				
<b>Date of birth</b>					<b>Gender</b>				
<b>Are you</b>	<input type="checkbox"/> Aboriginal				<input type="checkbox"/> Aboriginal and Torres Strait Islander				
	<input type="checkbox"/> Torres Strait Islander				<input type="checkbox"/> Neither				
<b>If Aboriginal or Torres Strait Islander, who are your people?</b>									

### Declarations

(for new Indigenous medical doctor and Indigenous medical student applicants only)

In accordance to AIDA's requirements for Indigenous medical doctor and Indigenous medical student applications:

☐ I have attached a copy of written confirmation of Aboriginality from an Aboriginal and/or Torres Strait Islander corporation.

**Applicant's signature:**

### Address

#### Physical address

**Address**

<b>Suburb</b>	<b>State</b>	<b>Postcode</b>
<b>Country</b>		

**Is the postal address the same as the physical address?**

☐ yes

☐ no

#### Postal address

**Address**

<b>Suburb</b>	<b>State</b>	<b>Postcode</b>
<b>Country</b>		

## General

<b>Mobile</b>	<b>Work phone</b>
<b>Home phone</b>	<b>Fax</b>
<b>Email 1</b>	<input type="checkbox"/> Please email AIDA newsletter to this address
<b>Email 2</b>	<input type="checkbox"/> Please email AIDA newsletter to this address

## Employment and training

<b>Where are you on the medical education/training continuum</b>	<input type="checkbox"/> Pre-med	<input type="checkbox"/> Student	<input type="checkbox"/> Intern	<input type="checkbox"/> Resident
	<input type="checkbox"/> Registrar	<input type="checkbox"/> Fellow	<input type="checkbox"/> Other (please specify)	
<b>Qualification title (e.g. MBBS, B.Med, FRACGP)</b>		<b>Issuing Institution (e.g. University of Queensland, RACGP)</b>		
<b>Have you graduated from this course</b>		<input type="checkbox"/> yes	<input type="checkbox"/> no	
<b>Year commenced</b>	<b>Year graduated</b>	<b>Current year of study</b>		
<b>Current place of work</b>		<b>Position held</b>		
<b>Tick the appropriate boxes</b>	yes no	yes no		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are you a practicing clinician?	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are you a medical academic?	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are you a research academic?	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are you working in an educational training role?	
		<input type="checkbox"/> <input type="checkbox"/>	Do you work in a hospital?	
		<input type="checkbox"/> <input type="checkbox"/>	Do you work in a general practice?	
		<input type="checkbox"/> <input type="checkbox"/>	Do you own your own practice?	
		<input type="checkbox"/> <input type="checkbox"/>	Do you work in an Aboriginal Community Controlled Health Service?	

## Mentoring

<b>Are you interested in having a mentor?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please write a short email detailing your requirements to <a href="mailto:mentoring@aida.org.au">mentoring@aida.org.au</a>		
<b>Are you interested in being a mentor to other AIDA members?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, in what areas are you able to mentor? (e.g. General Practice, Research)		

## Engagement

Would you like to represent AIDA in the future?

☐ yes

☐ no

Which area(s) would you like to represent AIDA? (select all appropriate areas)

☐ Board of Directors\*

☐ Committees\*

☐ Student Representative Committee\*

\*Refer to AIDA's constitution for criteria regarding eligibility.

☐ Policy/position statements

☐ Share your story

☐ Other (please specify)

Are you a member of the:

Australian Medical Association (AMA)

☐ yes

☐ no

Indigenous General Practice Registrar's Network (IGPRN)

☐ yes

☐ no

## Nominator information (only for new applications)

Please note that your nominator MUST be a current Indigenous medical doctor or a current Indigenous medical student member of AIDA

Title

☐ Dr

☐ Professor

☐ Associate Professor

☐ Post-nominal title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

First name

Last name

What is your relationship with your nominator?

Is your nominator aware of this application?

☐ yes

☐ no

Office use only

Nominator has been contacted by AIDA and has confirmed nomination

☐ yes

☐ no

## Membership category

Indigenous medical student

☐ One year **free**

☐ Two year **free**

First-year Indigenous medical graduate

☐ One year **free**

☐ Two year **\$100**

Indigenous medical doctor

☐ One year **\$100**

☐ Two year **\$200**

Associate members – Student<sup>1</sup>

☐ One year **\$35**

☐ Two year **\$70**

Associate members – Individual<sup>2</sup>

☐ One year **\$100**

☐ Two year **\$200**

<sup>1</sup> Non-Indigenous students, or Indigenous students who are not enrolled in a medical course. <sup>2</sup> All other individuals. All fees are GST inclusive.

How did you hear about us?

## Donations

☐ I would like to donate \$ \_\_\_\_\_ to AIDA

AIDA is a not for profit professional member based association that provides support for Indigenous doctors and medical students. Growing the number of Aboriginal and Torres Strait Islander medical students and doctors is a key objective of AIDA and we sincerely appreciate all offers of assistance to achieve this goal. AIDA has deductible gift recipient status, which means donations over \$2.00 are tax deductible in Australia. If you wish to make a donation, this will be gratefully received. Thank you for supporting AIDA.

## Payment (all payment information will remain confidential)

☐ **Cheque** Please make payable to Australian Indigenous Doctors' Association Ltd.

☐ **Mastercard** **Card number**     -     -     -

☐ **Visa** **Name on card**

**Expiry date**

Month

Year

I consent to:

- Becoming a member of the Australian Indigenous Doctors' Association Limited and agree to contribute the guarantee amount of \$25 if the company is wound up;
- Paying the Australian Indigenous Doctors' Association the appropriate membership fee of \$100 or \$200 depending on elected length of membership, according to the above payment method; and
- Paying any nominated donations.

Note: Subject to the *Corporations Act 2001*, where the company is wound up, a present or past member is liable to contribute up to the guarantee amount to the company's property: (i) to pay the company's debts and liabilities and the costs, charges and expenses of the winding up; and (ii) to adjust the rights of contributories among themselves. Subject to the *Corporations Act 2011*, a past member will not need to contribute: (a) in respect of a debt or liability of the company contracted after the person ceased to be a member; (b) if he, she or it was not a member at any time during the year ending on the day of the commencement of the winding up; and (c) unless it appears to the court that the present members are unable to satisfy the contributions that they are liable to make.

**Signature:**

**Date**

/ /

Thank you for your interest in supporting AIDA through associate membership. We look forward to working with you in the future to support Indigenous students, graduates and doctors. For more information on AIDA membership, please visit [www.aida.org.au](http://www.aida.org.au), or contact the AIDA Secretariat Freecall **1800 190 498**, phone **(02) 6273 5013**, fax **(02) 6273 5014** or [aida@aida.org.au](mailto:aida@aida.org.au)



Australian Indigenous Doctors' Association

AIDA is bound by the *Privacy Act 1988* and will protect your personal information in accordance with the Australian Privacy Principles. These principles govern how we collect, use, hold and disclose your personal information. To read our Privacy Policy and understand why we collect your data and how we use it, please read our Privacy Policy located on our website at [aida.org.au/about-us/privacy-policy](http://aida.org.au/about-us/privacy-policy)